

**Department of Pathology and Laboratory Medicine**  
**Boston University School of Medicine**  
**GRADUATE STUDENT ROTATION REPORT**

**Student Name:** \_\_\_\_\_

**Student Email Address:** \_\_\_\_\_

**Rotation Number:** 1<sup>st</sup> -- 2<sup>nd</sup> – 3<sup>rd</sup> – 4<sup>th</sup>

**Dates of Rotation:** \_\_\_\_\_

**Name of Rotation Advisor:** \_\_\_\_\_

**Laboratory Building/Address:** \_\_\_\_\_

**Advisor Email Address:** \_\_\_\_\_

**Lab Telephone:** \_\_\_\_\_

**General Topic Title:** \_\_\_\_\_

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**Student's Description of Research (Include Goal of Research, Methods Used, Results and Interpretation) – one to two pages is recommended:**

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**Signature of Rotation Advisor**

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**Date**

*Please submit report **within two weeks** of completing each rotation  
to Debbie Kiley, 670 Albany Street-4<sup>th</sup> Floor-#403A,*