

**Department of Pathology and Laboratory Medicine
Boston University School of Medicine**

GRADUATE STUDENT ROTATION REPORT

Student Name and Email Address:

Rotation Number:

Dates of Rotation:

Name of Rotation Advisor:

Laboratory address:

Email address:

Telephone:

General Topic Title:

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

Signature of Rotation Advisor

Date

Please submit report to Pat Ward, Pathology D9, within two weeks of completing each rotation