



M.D./Ph.D. SUMMER ROTATION & STIPEND
AGREEMENT FORM (4-5 Week Rotation)

I will work with _____ for 4-5 weeks from _____
Principal Investigator/Supervisor's Name (PRINT) MM/DD/YEAR

to _____. After completing this rotation, and once the Division of Graduate Medical
MM/DD/YEAR

Sciences has received written notification from my principal investigator that I have fulfilled my responsibilities, I will be eligible for a \$2,000 stipend. The \$2,000 will be awarded only upon completion of this laboratory rotation. Laboratories, departments, or programs will not be permitted to supplement the stipend with additional funds.

Student Name (PRINT)

Date of Birth: _____ BU ID #: _____

Student Signature

Date

Principal Investigator/Supervisor Signature

Date

MD/PhD Program Director Signature

Date

Please return this completed form to the MD/PhD Administrative Coordinator, Division of Graduate Medical Sciences, L-317.



M.D./Ph.D. SUMMER ROTATION & STIPEND
COMPLETION FORM (4-5 Week Rotation)

This form verifies that _____ worked from _____
Student Name (PRINT) MM/DD/YEAR
to _____ on a 4-5 week rotation. This student has fulfilled their responsibilities
MM/DD/YEAR
and is eligible for a \$2,000 stipend.

Principal Investigator/Supervisor Name (PRINT)

Principal Investigator/Supervisor Signature

Date

MD/PhD Program Director Signature

Date

***Please return this completed form to the MD/PhD Administrative Coordinator, Division of
Graduate Medical Sciences, L-317.***