Medical Scientist Training Program

Summer Rotation Selection Form

**Student Name** (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select to which rotation this form applies below:**

⬜ Pre-MS-I Summer Rotation: Form Due **6/1/2016**

⬜ Summer Rotation Selection (between MS-I & MS-II): Form Due **5/2/2016**

⬜ Summer Rotation Selection (between MS-II & GS-I): Form Due **5/2/2016**

**I have discussed rotation projects with the following UAB Faulty members** (at least 3):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After discussion with the MSTP Director and/or my MSTP Mentor and these Faculty members, **I**

**have chosen** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be my supervisor for my MSTP Lab Rotation. I expect to devote full time effort to this rotation for:

⬜ Pre-MS-I: 6 weeks between June 13, 2016 and July 22, 2016\*

⬜ Between MS-I & MS-II: 8 weeks between June 6, 2016 and August 15, 2016

⬜ Between MS-II & GS-I: 8-10 weeks between June 27, 2016 and September 2, 2016: Family

⬜ Between MS-II & GS-I: 8-10 weeks between May 30, 2016 and August 5, 2016: Non-Family

I understand that I must develop a poster for the UAB Medical Student Research Day based on my work in this rotation (not required for Pre-MSI rotation).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature**

**Research Mentor:**

I accept responsibility for guiding this student for this 6-10 week period. I will submit a brief confidential evaluation of the student’s effort at the end of the rotation. The MSTP pays the student’s stipend and tuition during the rotation. I am responsible to pay for lab supplies needed during the rotation.

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**Summer Research Mentor** (please sign and print your name) Date

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APPROVED BY: **MSTP Advisor** (please sign and print your name) Date\*\*

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APPROVED BY: **MSTP Director or Associate Director**

* For Pre-MS-I Summer Rotations if your class load permits, you can continue with this research during Fundamentals.
* \*\* Not applicable for Pre-MS-I Summer Rotation Selections