

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 **6/1/2021**
- Summer Rotation Selection (between MS-I & MS-II): Form Due **6/1/2021**
- Summer Rotation Selection (between MS-II & GS-I): Form Due **6/1/2021**

I have discussed rotation projects with the following UAB Faculty 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 14, 2021 and July 23, 2021***
- Between MS-I & MS-II: 7-8 weeks between June 7, 2021 and July 30, 2021
- Between MS-II & GS-I: 8-10 weeks between June 28, 2021 and August 13, 2021: Family

I understand that I must develop a poster for the UAB Medical Student Research Day based on my work in this rotation (recommended, but 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.

Summer Research Mentor (please sign) _____ Date

APPROVED BY: **MSTP Advisor**** _____ Date

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

- 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

Electronic signatures are acceptable. Please return completed form to mstp@uab.edu