

Name _____



ROTATION ASSIGNMENT Form

Rotation: _____

Please fill out the following information **completely**.

(Name of faculty member)

(Name of department)

(Room number of lab)

(Phone number in lab)

(Student Signature)

(Date)

(Faculty Signature)

(Date)

Please complete this form, including all signatures, and turn in to the OBE Office (MS 415) or e-mail to obe@uky.edu by the date listed in the grid below.

2017-2018 Rotation Schedule			
ROTATION	ROTATION ASSIGNMENT DUE	ROTATION DATES	ROTATION EVALUATION DUE
Fall 1	Wednesday, August 23	August 23 – October 13	Friday, October 20
Fall 2	Friday, October 13	October 16 – December 8	Friday, December 15
Spring 1	Wednesday, December 6	January 10 – March 2	Friday, March 9
Spring 2	Friday, March 2	March 5 – April 27	Friday, May 4