

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.

2019-2020 Rotation Schedule			
ROTATION	ROTATION ASSIGNMENT DUE	ROTATION DATES	ROTATION EVALUATION DUE
Fall 1	Monday, August 26	August 26 – October 11	Friday, October 18
Fall 2	Friday, October 11	October 14 – December 13	Friday, December 20
Spring 1	Friday, December 13	January 15 – March 6	Friday, March 13
Spring 2	Friday, March 6	March 9 – April 24	Friday, May 1