

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.

2020-2021 Rotation Schedule			
ROTATION	ROTATION ASSIGNMENT DUE	ROTATION DATES	ROTATION EVALUATION DUE
Fall 1	Friday, August 14	August 17 – October 2	Friday, October 9
Fall 2	Friday, October 2	October 5 – November 20	Friday, December 4
Spring 1	Friday, January 22	January 25 – March 12	Friday, March 19
Spring 2	Friday, March 12	March 15 – April 30	Friday, May 7