Student Name: ____________________________________________

Rotation Mentor: _________________________________________

Please submit to your home campus administrator BEFORE the rotation begins:
(check one)

____ 1st rotation  
(9/25-11/17)  

____ 2nd rotation  
(1/5-3/2)  

____ 3rd rotation  
(3/5-4/27)  

Research Project Title:
Describe the research topic and overall objective. Be as specific as possible.

Approval Signatures:

Rotation Mentor _______________________________ Date: ____________

Student _______________________________ Date: ____________

Head-Graduate Advisor _______________________________ Date: ____________
(Required for exceptional authorizations only)

Return to Bioengineering Administration UCSF Byers Hall BH 216 or Berkeley 306D Stanley Hall

For Office Use Only:  Head Advisor’s initials __________________ Date entered in database ____________

RotationAuthorization 2017