

**UMMC MD/PhD Program
Summer Research Rotation Change Form**

Student Name (print): _____ **Date:** _____

Please select to which rotation this form applies:

- Pre-M1 Summer Research Rotation
- M1-M2 Summer Research Rotation
- M3-G1 Summer Research Rotation

Extension/Reduction in Research Rotation:

Based on ongoing research I have elected to extend/reduce my research rotation in Dr. _____ by a period of _____. I have discussed this with all research mentors affected by this change.

Change of Research Rotation Mentor:

Based on my discussions with both mentors involved I have elected to change my planned research rotation in Dr. _____ laboratory to the laboratory of Dr. _____. I have discussed this change with all research mentors affected by this change.

MD/PhD Student Signature (please sign and print your name) _____ Date _____

Departmental/Program Director (please sign and print your name) _____ Date _____

APPROVED BY: MD/PhD Program Director _____ Date _____