



Rotation Selection Form

Please return to the Graduate Program Coordinator.

Scholar Name

I.D.

Date Submitted

 / /
Month Day Year

	Group Name (print)	P.I. Signature
<input type="checkbox"/> Event 1:		
<input type="checkbox"/> Event 2:		
<input type="checkbox"/> Event 3:		
<input type="checkbox"/> Event 4:		
<input type="checkbox"/> Event 5:		
<input type="checkbox"/> Event 6:		
<input type="checkbox"/> Event 7:		

Place a check mark next to your three selected rotation groups after all rows are complete.