



DEPARTMENT OF HUMAN GENETICS  
LABORATORY ROTATION AGREEMENT

*Grading basis: S/U only*

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Mentor/PI's Name: \_\_\_\_\_

Mentor/PI's Signature: \_\_\_\_\_

Advisor's Name: Paivi Pajukanta

Advisor's Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's UID: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To be submitted to the Student Affairs Officer and retained by the department in the student's file.*