

**UCLA Genetics and Genomics Home Area Graduate Program**

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

**Laboratory Rotation Agreement**

Grading Basis: S/U Only

**Mentor (PI) Signature:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_

(Dr Pajukanta or Dell'Angelica)

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

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

**Student Signature:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**UID:** \_\_\_\_\_

**Please return signed form to the Student Affairs Officer at 6506 Gonda.**