



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

Graduate School of Basic Medical Sciences

Research Rotation Preferences

Your name:

Academic Term:

My choices for a research rotation this term, in order of preference, are:

1.

2.

3.

Advisor approval: _____
(Your academic advisor, not your preferred rotation sponsor)

Please discuss these choices with your academic advisor and submit this form to the Graduate School office no later than 3 PM on the date indicated in your Ph.D. calendar.