

Name _____



ROTATION ASSIGNMENT Form

Rotation: _____

Please fill out the following information **completely**.

(Name of faculty member)

(Name of department)

(Room number of lab)

(Phone number in lab)

(Student Signature)

(Date)

(Faculty Signature)

(Date)

Please complete this form, including all signatures, and turn in to the OBE Office or e-mail to obe@uky.edu by the date listed in the grid below.

2020-2021 Rotation Schedule			
ROTATION	ROTATION ASSIGNMENT DUE	ROTATION DATES	ROTATION EVALUATION DUE
Fall 1	Friday, August 20	August 23 – October 15	Friday, October 22
Fall 2	Friday, October 15	October 18 – December 10	Friday, December 17
Spring 1	Friday, January 7	January 10 – March 4	Friday, March 11
Spring 2	Friday, March 4	March 07 – April 29	Friday, May 6