

## BISI Rotation Agreement

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

Concentration area: BEES CBBG MOCB PSYS

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### Rotation:

Advisor: \_\_\_\_\_ Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Advisor expectations for rotation:

Advisor signature \_\_\_\_\_

Student signature \_\_\_\_\_

*At the conclusion of the rotation, the advisor and student should meet to discuss the student's performance.*

Advisor assessment of performance (circle one below):

Exceeded expectations

Met expectations

Did not meet expectations

Comments (or attachment):

Signature of advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

At the beginning and end of your rotation, please submit the signed form to [bisi@umd.edu](mailto:bisi@umd.edu)  
or return it to the BISI Office, 1247 Biology Psychology Building