

Notification of commencement of laboratory rotation

To:
Graduate Training Centre of Neuroscience
Österbergstr. 3
72074 Tübingen

Notification of Commencement of the Laboratory Rotation

Student's name _____

Master program NB NIP CM

Period of lab rotation (*from... to*): _____

I will perform my lab rotation under the guidance of _____

at the (Inst./Dept.) _____

The "working title" of my project will be

My advisor is aware that she/he is required (1) to submit an evaluation form shortly after completion of the lab rotation and (2) to attend my project presentation in the Graduate School on _____.

Date

Signature Student

Signature Advisor