



Rotation Authorisation

First/Second (indicate)

Please complete the form and return it to the secretariat, signed by the rotational supervisor prior to start of supervision

Date:		
STUDENT'S DETAILS		
ID number:	Family name:	First name:
SUPERVISOR'S DETAILS		
Name:		Prof. <input type="checkbox"/> Dr. <input type="checkbox"/>
ROTATION DETAILS		
Rotation subject: _____ _____		
Rotation aims:		
1.		
2.		
Research methods:		
SUPERVISOR'S DECLARATION		
<input type="checkbox"/> I agree to supervise the student throughout the rotation. If the student and I determine the project as suitable for a Master's or Doctoral work, the student can continue on to a Master's/Doctorate in my laboratory at the end of the rotation.		
<input type="checkbox"/> The extent of my participation in payment of the grant will be determined according to the decision of the Grants Committee of the Sagol School of Neurosciences.		
Supervisor's signature: _____		Date: _____

בית הספר סגול
למדעי המוח
אוניברסיטת תל אביב

