**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: | | | Dr.  Prof. |
| Rotation details | | | |
| Rotation subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Rotation aims: | | | |
| 1. | | | |
| 2. | | | |
| Research methods: | | | |
|  | | | |
| Supervisor’s declaration | | | |
| 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.      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 Neuroscience. | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s signature: | | | |