**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: |