



## 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: _____		
<b>STUDENT'S DETAILS</b>		
ID number: _____	Family name: _____	First name: _____
<b>SUPERVISOR'S DETAILS</b>		
Name: _____		Prof. <input type="checkbox"/> Dr. <input type="checkbox"/>
<b>ROTATION DETAILS</b>		
Rotation subject: _____ _____		
Rotation aims:		
1. _____		
2. _____		
Research methods:		
_____		
<b>SUPERVISOR'S DECLARATION</b>		
<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 Neuroscience.		
Supervisor's signature: _____		Date: _____