

Rotation Form

Please complete and submit to the SHBT Program: SHBT_Program@hms.harvard.edu by the deadline corresponding to the term of enrollment:

Fall term: September 20 Spring term: February 20 Summer term: June 20

Academic term:	□ Fall	□ Spring	□ Summer	Year:	
Student's name:			Y	ear of entry:	
Student signature/da	ite:				
Rotation Supervisor:					
Phone number:					
Address:					
Rotation Supervisor'	s area of expertis	se:			
Supervisor's signatur	e:				
Institutions where th	e work will be p	erformed:			
Project title:					
Brief description of t	the rotation proj	ect: 100 word maximun	n. Descr ip tion should be in	nformative, for a lay a	udience, and should not includ

Important note to receive credit for your rotation: At the end of the term, write a brief narrative report (approx. 400 words) of your work during the rotation. Have your report signed or endorsed by your Rotation Supervisor. Send to the SHBT Program by the deadline corresponding to the term of enrollment:

Fall term: **December 10**Spring term: **May 10**Summer term: **August 31**