

**IMSE Research Rotation Selection Form  
Spring 2019**

Student Name: \_\_\_\_\_

Title of proposed Research Rotation project: \_\_\_\_\_

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Semester of rotation \_\_Spring 2019\_\_\_\_\_

Rotation Advisors Name(s): \_\_\_\_\_

\_\_\_\_\_

By signing this form, I (we) agree to mentor the above named student for this IMSE Research Rotation Project, including helping to evaluate end of semester reports.

Rotation Advisors Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Please address questions to IMSE Director of Graduate Studies. Please return form to Beth Gartin, Rudolph Hall L52 [bgartin@wustl.edu](mailto:bgartin@wustl.edu)