

Form LR  
Module E: Laboratory rotation

Last name, first name:

Student id no.:

Address:

Phone:

Email:

We herewith declare that a laboratory rotation in the BMB master study program is carried out according to the rules outlined below.

Supervisor:

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Provisional title of the lab rotation project:

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Starting date of Lab rotation:

Ending date (+9 weeks):

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City/ Date/      Candidate's signature

City/ Date/      Supervisor's signature

The candidate has a maximum of 9 weeks to finish the lab rotation including the submission of the written part. As a guideline, 6 weeks of practical work and 3 weeks of writing are recommended. The supervisor should review the text within 2 weeks. It can be improved once by the candidate within 2 weeks after return of the reviewed protocol.

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**After completing lab rotation**

It is confirmed that the lab rotation has been successfully completed.

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City/ Date/      Candidate's signature

City/ Date/      Supervisor's signature