UC Berkeley - UCSF Graduate Program in Bioengineering
Research Rotation Authorization 2021-2022

Student Name: ____________________________________________

Rotation Mentor: __________________________________________

Please submit to your home campus administrator BEFORE the rotation begins:
(check one)

_____ 1st rotation  _____ 2nd rotation  _____ 3rd rotation
(09/20-11/12)  (01/4-02/25)  (03/7-04/29)

Research Project Title:
Describe the research topic and overall objective. Be as specific as possible.

Approval Signatures:

Rotation Mentor ___________________________ Date: _____________

Student ___________________________ Date: _____________

Graduate/ 1st year Faculty Advisor ___________________________ Date: _____________
(Required for exceptional authorizations only)