



UC Berkeley - UCSF Graduate Program in Bioengineering  
**Research Rotation Authorization 2022-2023**

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

**Rotation Mentor:** \_\_\_\_\_

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

\_\_\_\_\_ 1<sup>st</sup>  
rotation  
(09/19-11/18)

\_\_\_\_\_ 2<sup>nd</sup>  
rotation  
(01/3-02/22)

\_\_\_\_\_ 3<sup>rd</sup> rotation  
(03/06-04/28)

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

**Approval Signatures:**

Rotation Mentor \_\_\_\_\_

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

Student \_\_\_\_\_

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

Graduate/ 1<sup>st</sup> year Faculty Advisor \_\_\_\_\_  
*(Required for exceptional authorizations only)*

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