



NYU Chemistry

Research Interest and Rotation Form

In preparation for choosing Laboratory Rotations, students are required to meet with six faculty members during the first three weeks of the semester. **Note:** After meeting with each faculty member please have them sign this form. You must submit this form, indicating two rotation choices, to Jennifer Hackleman by September 19th.

Last Name: _____ First Name: _____

NYU ID: N Email: _____@nyu.edu

(Print Faculty Name) (Signature) (Date)

(Print Faculty Name) (Signature) (Date)

(Print Faculty Name) (Signature) (Date)

(Print Faculty Name) (Signature) (Date)

(Print Faculty Name) (Signature) (Date)

(Print Faculty Name) (Signature) (Date)

Rotation 1: _____

Rotation 2: _____

Alternate Rotation: _____