

Cancer & Cell Biology Graduate Program
University of Cincinnati
Vontz Center for Molecular Studies
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Cincinnati, OH 45267-0521

Phone: (513) 558-7379
Email: CCBProgramManager@uc.edu



Date: _____ (mm/dd/yyyy)

To: CCB Graduate Program

Check one:

- Lab Rotation Request Form
- Thesis Lab Placement Request Form

Student Name: _____

I would like to request to perform a lab rotation in Dr. _____ lab and have discussed project and potential funding should I join the lab for my thesis.

Mentor Name: _____

I confirm that my laboratory has sufficient funding to support _____ (student name) stipend and experimental costs or have the support of my Department/Division if needed should _____ (student name) joins my lab for his/her/their thesis work.

Mentor Name: _____

Student Name: _____

Mentor Signature: _____

Student Signature: _____

Date: _____

Date: _____

Department/Division Chair Name: _____

Department/Division Chair Signature: _____

Date: _____

Once this form is signed by both parties, please submit a scanned copy of the completed document to CCBProgramManager@uc.edu. Submission deadline: at least one week prior to start date or sooner if possible. Thank you!