



**Informatics PhD Program**  
University of Missouri

**MUIDSI LAB ROTATION FORM**

Student Name

Student Email

Lab Director

Lab Director Title & Affiliation

Director Email

Director Campus Address

Phone Number

Start Date

End Date

Compliance and Safety Training (List the Compliance and Training Requirements)

Project Description (300 Words Max)

Project Objectives (List deliverables, desired learning outcomes, etc.)

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Advisor/PI Signature and Date

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DGS Signature and Date