

Health Sciences and Technology (HST)
Medical Engineering/Medical Physics (MEMP)
Rotation Registration Form

Student: _____

Year Entered MEMP: _____

Email: _____

Phone: _____

Faculty/PI: _____

Email: _____

Direct Supervisor: _____
(if different)

Email: _____

Lab Location: _____

Rotation Start Date: _____

Rotation End Date: _____
(tentative)

Expected Hours Per Week: _____

Brief Description of rotation activities (*eg. lab meetings, shadowing, learning technique, small project.*)

Will you be registering for academic credit (HST.599)? _____ YES _____ NO

If yes, please include deliverable/grading criteria in description above.

MEMP students are typically funded by departmental fellowship for their first year only. **Faculty signature below indicates that the PI is aware of the cost of future student support, as posted on the HST website, should this rotation become a thesis project.**

<https://hst.mit.edu/academics/financial-support/research-assistantships/ra-costs>

Student Signature --- Date

Faculty Supervisor/PI --- Date