



**University of Michigan  
School of Kinesiology**

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University of Michigan*

**Ph.D. Research Rotation**

**[KINESLGY 685 or, if outside Kinesiology, a comparable course in the department  
of the faculty member serving as the supervisor]**

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

**Student UMID:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Credit Hours:** \_\_\_\_\_ [3-6]

**Description:**

**Description of the outcome and evaluation measures:**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Professor Signature**

**Kinesiology  
Faculty Advisor  
Signature** \_\_\_\_\_

**Date** \_\_\_\_\_