



*School of Kinesiology
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** _____