



**Rotation Program**

Ethics—Knowledge—Skills

Student ID:

Student Name:

Semester:

Email:

Phone No.:

Student Signature and Date:

Chair Person Signature and Date:

OSAR Signature and Date:

Pre requisite for Rotation Program:

1. Completing 101 CH
2. Completing the following courses:

No.	Course Name
1	Phlebotomy/ Diagnostic Techniques
2	Medical Bacteriology & Lab
3	Medical Parasitology & Lab
4	Clinical Chemistry & Lab
5	Medical Virology & Lab
6	Immunology & Lab
7	Clinical Hematology