

Division of Medical Sciences

DUAL DISSERTATION ADVISOR

DECLARATION (DAD) FORM

STEP 1 – To be completed by student

Student's Name: _____

DMS Program: IMM _____ DMS Program Administrator: M. Eruzione _____

DMS Head: D. Cardozo _____ Program Head: M. Carroll _____

Student Lab Address: _____

Phone #: _____ Fax#: _____

Email: _____

Laboratory Rotations (list names of labs in which you have rotated):

Please briefly describe your intended research project/ topic:

Name of Primary Dissertation Advisor: _____

Name of Proposed Secondary Dual Advisor: _____

Signature of Student: _____ Date: _____

STEP 2 – To be completed by Secondary Dissertation Advisor

Advisor's Name: _____

Title: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

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STEP 2 (continued) – To be completed by Dissertation Advisor

Current number of trainees in your laboratory: _____ PhD Students _____ Postdocs

Please list all PhD students (DMS and others) currently in your laboratory:

I understand my duties as dual mentor for this student and that I have no financial obligation unless specified below.

Signature of Proposed Secondary Dissertation Advisor: _____ Date: _____

Please indicate your Chief, Chair, or Institutional Administrator who will provide assurance of your financial obligation:

Division Chief/ Department Head Name: _____

Title/ Location: _____

Kindly return this form, with STEPS 1 and 2 complete to your Program office. Your program office will assure Steps 3 & 4 are completed.

STEP 3 – To be completed by Program

Signature of Program Head: _____ Date: _____

Printed Name: _____

STEP 4 – To be completed by DMS

I approve this dissertation laboratory selection.

David L. Cardozo, Director of Graduate Studies

Date: _____