

# 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: R.Segal Program Head: \_\_S. Pillai \_\_\_\_\_

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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<b>STEP 2 (continued) – To be completed by Dissertation Advisor</b>
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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.**

<b>STEP 3 – To be completed by Program</b>
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Signature of Program Head: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

<b>STEP 4 – To be completed by DMS</b>
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I approve this dissertation laboratory selection.

\_\_\_\_\_  
Rosalind Segal Director of Graduate Studies

\_\_\_\_\_  
Date: