

Department of Immunology Lab Affiliation Request Form

This document is to request to the Director of Graduate Studies of my selection to affiliate with the below mentioned lab.

DATE: _____

Student Name _____

Lab Affiliation* _____

Departmental Address _____

Campus Phone Number _____

*If faculty mentor has secondary appointment in IMM, a financial backstop agreement will need to be completed before the beginning of the student's 2nd year (July 1).

*If faculty mentor has primary appointment in IMM, student will need to sign that lab's data protocol.

Student Signature

Mentor Signature

Please note, approval for the above request is dependent upon departmental and DGS review

PLEASE RETURN THIS FORM TO:

DGSA
Graduate Student Services
Jones Building, Room 150
919-684-3578
immunologydept@mc.duke.edu

Request must be reviewed and approved by the following people for financial compliance:

	Circle One:	Signature:	Date:
<u>DGS:</u> Mari Shinohara	Approve / Disapprove		
<u>Grant Manager:</u> Bobbi Tucker	Approve / Disapprove		
<u>Business Manager:</u> Todd Leovic	Approve / Disapprove		