



Lab Affiliation Request Form

This document serves as a formal request with the Director of Graduate Studies to select a lab affiliation.

Approval for this request is dependent upon departmental and Duke Graduate School review.

Date: _____

Student Name: _____

Lab Affiliation*: _____

If faculty mentor's primary affiliation is **not Integrative Immunobiology, then a financial backstop agreement will need to be completed before the beginning of the student's 2nd year (July 1).*

Affiliated Lab Department: _____

Affiliated Lab Phone Number: _____

Signature of Student

Signature of Mentor

PLEASE RETURN THIS FORM TO:

Director of Graduate Studies Assistant
Graduate Student Services
Jones Building, Room 150

☎ 919-684-3578

✉ immunologydept@mc.duke.edu

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

	CHOOSE ONE	SIGNATURE	DATE
Director of Graduate Studies: Mari Shinohara	APPROVE DENY	_____	_____
Grant Manager: Bobbi Tucker	APPROVE DENY	_____	_____
Business Manager: Todd Leovic	APPROVE DENY	_____	_____