

Collaborative Specialization in Women's Health (CSWH)

Mentorship Form: Part A

(To be completed and returned to kristen.dileo@wchospital.ca by the end of year one of your doctoral program)

Section 1

Student's Name: _____

Student U of T ID Number: _____

Faculty and/or Department: _____

Degree Start Date (DD/MM/YYYY): _____

Supervisor's Name(s): _____

Committee Members' Names:

CSWH Mentor's Name (NOT supervisor or committee member): _____

Section 2

Dissertation Title: _____

Dissertation Description (3-4 sentences): _____

Key Words (dissertation):

Description of Mentorship vis a vis dissertation. Include for example: (a) How will your mentor bring an interdisciplinary perspective to your research? (b) How will your mentor improve your interdisciplinary research skills? (c) In what ways will your mentor specifically enrich your work (e.g., theoretically, methodologically)? (d) How and how often will you engage with your mentor (e.g., discussant for your CSWH student seminar, in-person or virtual meetings/email communications to discuss relevant ideas, resources, etc.)?

Mentor's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Student's Signature: _____

Date: _____