# Collaborative Specialization in Women's Health (CSWH)

# Mentorship Form: Part B

(To be completed and returned to kristen.dileo@wchospital.ca approximately 6 months prior to graduation from 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:

_____

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

**Section 2**

Dissertation Title: _____

Dissertation Description (3-4 sentences): _____

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Key Words (dissertation):

_____

Description of Mentorship vis a vis dissertation. Include for example: (a) How did your mentor brring an interdisciplinary perspective to your research? (b) How did your mentor help build your interdisciplinary research skills? (c) In what ways did your mentor specifically enrich your work (e.g., theoretically, methodologically)? (d) How and how did 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.)?

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Mentor's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____