2017 Student Summer Research Program Application

Monday, May 15 – Friday, July 21, 2017

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hometown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name & Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Permanent Resident or U.S. Citizen?  Yes No

Student UFID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate Degree(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Undergraduate Major(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Along with this application, please attach the following:

* Your curriculum vitae or resume
* Your official transcript
* A letter of recommendation from a research mentor, science instructor, or someone knowledgeable of your research interests or experiences is strongly recommended.

*For general information, regarding the type and areas of research currently being conducted within the College of Dentistry, please go to the following web page:*

<http://research.dental.ufl.edu/programs/faculty/>

**RETURN ALL FORMS BY MAIL OR FAX BY FRIDAY, MARCH 18, 2017 TO:**

**Denise Webb**

Administrative Support Assistant II

College of Dentistry

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