

I, _____, understand that the Summer Research Program (SRP) is an optional program designed to provide incoming freshmen dental students with an interest in research an opportunity to carry out a ten-week research project under the direction of a faculty member. Participation in the SRP at the University of Florida, College of Dentistry is not equivalent to matriculating into the DMD program and will neither positively or negatively affects my enrollment in the DMD program. **I am still required to honor the conditions outlined in my acceptance letter which include, but are not limited to: maintaining high professional standards of conduct, continued satisfactory academic achievement, completion of all prerequisite courses, and completion of any degree program in which I am currently enrolled.**

I understand that completion of all prerequisite coursework and my degree must be validated by official transcripts. I have, or will arrange to have, official transcripts sent to the Office of Admissions as soon as they become available. I understand I must complete the criminal background check and the Dean's Certification form with results that are deemed favorable by the College and the University.

I further understand that I must advise the College of Dentistry of any violation of the law or charges of misconduct that have not been previously reported or that occur at any time after the completion of the secondary application. I understand that the Office of Admissions may require additional information from me and I will respond promptly and thoroughly to all requests. Failure to satisfy any of the above conditions, including omission of information or false or misleading information, is cause for my admission to be denied, rescinded, or enrollment terminated.

I have read and understand the above Acknowledgement and agree to be bound by the terms as described.

Name

Date

UFID

Return this signed and dated form to the Office of Research by: **March 18, 2017**

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