Name of Student: ____________________________________________________________

Name of Mentor: ____________________________________________________________

Name of Co-Mentor: _________________________________________________________

Research Track Student Section:

Describe any past or current research experiences

Propose a general strategy for how you plan to satisfy the time requirements of the Research Track. Attach additional page, if necessary.

Propose a research plan. Include the title and a short paragraph. List reasonable goals to be achieved in the first six months as agreed upon by you and your mentor.

Describe what you hope to accomplish from the Research Track

Describe your long-term career goal(s)
Research Track Mentor Section

Provide research funding status:

List mentor training experience:

Student and mentor (co-mentor, if applicable) approve the proposed Research Track plan outlined above.

__________________________________________  __________________________________________
Student signature                                     Mentor signature

__________________________________________  __________________________________________
Date                                               Date

__________________________________________
Co-Mentor signature (if applicable)

__________________________________________
Date

Please send the completed forms to:

Dr. Robert A. Burne c/o
Denise Webb Office of
Research Room D3-43
dwebb@dental.ufl.edu