2019 Student Summer Research Program Application

Monday, May 20 – Friday, July 26, 2019

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:

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

*For general information, regarding the areas of research currently conducted within the*

*College of Dentistry, please* [*click here*](http://research.dental.ufl.edu/programs/faculty/)*:*

RETURN ALL FORMS VIA MAIL or FAX by **FRIDAY, MARCH 15, 2018** to:

**Denise Webb**

Administrative Support Assistant II

College of Dentistry

Office of Research

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