

APPLICATION FORM - UFCD RESEARCH TRACK PROGRAM

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:

Denise Webb
dwebb@dental.ufl.edu

Office of Research
Room D3-43