

2024 STUDENT SUMMER RESEARCH PROGRAM APPLICATION

May 20 – July 26, 2024

Name _____ Hometown _____

Current Mailing Address _____

_____ City: _____ State: _____ Zip: _____

Permanent Mailing Address _____

_____ City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____ Parent's Phone _____

Fax # _____ E-mail Address _____

Permanent Resident or U.S. Citizen? ☐ Yes ☐ No

Student UFID _____

Undergraduate Institution _____

Undergraduate Degree/s _____ Undergraduate Major/s _____

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:

<https://research.dental.ufl.edu/faculty/resources-3/>

- *Please attach your curriculum vitae or resume. Your transcripts will be obtained and considered as part of the application process.*
- *A letter of recommendation from a research mentor, science instructor, or someone knowledgeable of your research interests or experiences, is strongly recommended.*
- *Complete and attach the "Student Acknowledgement Form and Consent Form."*
- **RETURN ALL FORMS BY MAIL, FAX OR, IN PERSON BY FRIDAY, MARCH 22, 2024 TO:**

Mrs. Denise Webb Administrative Specialist II
College of Dentistry Office of Research
Box 100405, D3-43
University of Florida Gainesville, FL 32610-0405
Phone: (352) 294-5444 Fax: (352) 294-5441