

**2025 STUDENT SUMMER RESEARCH PROGRAM APPLICATION**  
**May 19 – July 25, 2025**

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 EMAIL OR IN PERSON BY FRIDAY, MARCH 21, 2025 TO:**

**Mrs. Denise Webb Administrative Specialist II**  
**College of Dentistry Office of Research**  
**Box 100405, D3-43**  
**University of Florida Gainesville, FL 32610-0405**  
**Email: [dwebb@dental.ufl.edu](mailto:dwebb@dental.ufl.edu)**  
**Phone: (352) 294-5444 Fax: (352) 294-5441**