Application Form for UFCD Research Track Program

Name of student: _____________________________________________________

Name of mentor: _____________________________________________________

Name of co-mentor (if applicable): _________________________________________

RT 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. Attach additional page, if necessary

Describe what you hope to accomplish from the Research Track.

Describe your long-term career goal(s).
RT Mentor Section

Provide research funding status:

List mentor training experience:

Student and mentor (and co-mentor, if applicable) approve the proposed RT 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 Julie Walker
Office of Research
JWalker@dental.ufl.edu