

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

Date

Mentor signature

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**