

# Student Summer Research Training Program

Mentor Selection Form

Due Date: February 2<sup>nd</sup>, 2018

Student Name: \_\_\_\_\_

Dental Class: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_

School: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Office/Contact Phone Number: \_\_\_\_\_

Laboratory Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Stipend as agreed upon by both student and mentor: \$ \_\_\_\_\_

Funding for this student project is available from the following funding source(s):

\_\_\_\_\_

Preliminary Title of Research Proposal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Date/Year

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date/Year