

# Student Summer Research Training Program

## Preliminary Application Form

**INSTRUCTIONS:** Please print, complete form and submit a hardcopy by February 2<sup>nd</sup>, 2018 to Yvonne Ybarbo-Ortiz in the Dental Dean's Office, Room 4.320R. Please refer to and follow the procedures and submission deadlines as outlined in the General Instructions for participation.

1. Name:
  
2. Email Address:
  
3. Phone Contact:
  
4. Dental School Class:
  
5. In good academic standing:      Yes       No
  
6. Citizenship:  
U.S. Citizen       Non-citizen National       Permanent Resident
  
7. Race / Ethnicity:  
American Indian or Alaskan Native        
Asian or Pacific Islander        
Black not of Hispanic Origin        
White not of Hispanic Origin        
Other or Unknown
  
8. Have you participated in this program before?      Yes       No

9. Educational Background

Dates	University/College	Major	Degree
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10. Describe any previous research experience. (Previous research experience is not required)

11. Do you have any specific research interests?

12. Have you considered a career in teaching and research?      Yes       No

13. Would you like to receive information about training programs in dental teaching and research?

Yes       No

14. Are you considering a specialty program after graduation?      Yes       No

If yes, in what area(s)?

15. Have you registered for membership of the Student Research Group?

Yes       No

16. Are you interested in an NIH Summer Research Program?

Yes       No

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_