

2012 Summer Research Program Application

May 21- July 30, 2012

Name

Hometown

Current Mailing Address

Permanent Mailing Address

Home Phone Number

Cell Phone Number

Email Address

Emergency Contact Name & Phone Number

Permanent Resident or U.S. Citizen?

Yes

No

Student UFID Number

Undergraduate Institution

Undergraduate Major(s)

Undergraduate Degree(s)

Along with this application, please attach the following:

- Your curriculum vitae or resume
- Your official transcript
- A letter of recommendation from a research mentor, science instructor or someone knowledgeable of your research interests or experiences

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:

<http://www.dental.ufl.edu/Offices/Research/faculty.php>

RETURN ALL FORMS BY MAIL OR FAX BY FRIDAY, MARCH 16, 2012 TO:

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Phone: 352-294-5444 Fax: 352-294-5441**