

Student Summer Research Training Program Mentor Selection Form

Due Date: December 16th

Student Name: _____

Dental Class: _____

E-mail: _____

Contact Phone Number: _____

Faculty Mentor: _____

School: _____

Department/Division: _____

Office Phone Number: _____

Laboratory Phone Number: _____

E-mail: _____

Contact Phone Number: _____

Fax: _____

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