

# Student Summer Research Training Program Preliminary Application Form

**INSTRUCTIONS:** Please print, complete form and submit a hardcopy by November 23<sup>rd</sup> to Noemi Hinojosa 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.

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. E-mail Address: \_\_\_\_\_

3. Phone Contact: \_\_\_\_\_

4. Dental School Class: \_\_\_\_\_ 5. Current GPA: \_\_\_\_\_

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 \_\_\_\_\_

Hispanic \_\_\_\_\_

White, not Hispanic Origin \_\_\_\_\_

Other or Unknown \_\_\_\_\_

8. Have you applied for this program before? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

a) If yes, did you receive a fellowship? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

b) If no, did you do research under another funding source? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

c) If yes, what was the source of funding? \_\_\_\_\_

9. Educational Background:

Dates	University/College	Major	Degree	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10.\* List any previous research experience. Describe the subject, duration, and your role.

11.\* List authorships on any scientific papers.

12. Do you have any specific research interests?

13. Are you aware of career opportunities in dental teaching and research?  
\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

14. Have you considered such a career in dental academics? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

15. Would you like to receive information about training programs in dental teaching and research?  
\_\_\_\_\_ (Yes) \_\_\_\_\_(No)

16. Are you considering a specialty program after graduation? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

a) If yes, in what area(s)? \_\_\_\_\_

17. Have you registered for membership of the Student Research Group? \_\_\_\_\_(Yes) \_\_\_\_\_(No)

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

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

**\*NOTE:** Previous research experience is not a requirement for participation.