DATE: December 4, 2015

TO: Dental Students
Dental Research Mentors

FROM: Dr. Teresa Marshall, Director
Dental Student Research Program

SUBJECT: Registration for DENT:8500:0800 (112:190:800) Dental Student Research Honors Program, Spring 2016

REGISTRATION FORM

DENT:8500:0800 (112:190:800) Dental Student Research Honors Program
Spring 2016, 1 semester hour

Please complete and return this form to Lynn Schaul, lynn-schaul@uiowa.edu, N406 DSB, by Friday, December 18, 2015 at 4:00pm.

All students wanting to register must complete the form below with both the student and mentor signatures.

By registering for the course you are agreeing to attend the Iowa AADR Local Research Day at the University of Iowa College of Dentistry and Dental Clinics on February 16, 2016 including the Keynote Speaker’s address. For D1s, D2s, and D3s, failure to do so will result in a reduction of ½ a letter grade in the final course grade for the semester.

STUDENT ID: ________________________________

STUDENT NAME (please print): ________________________________

STUDENT SIGNATURE: ________________________________

YEAR: D1 D2 D3 D4 (circle one)

MENTOR(S) NAME(S) (please print): ________________________________

MENTOR(S) SIGNATURE(S): ________________________________

DEPARTMENT: ________________________________

RESEARCH OBJECTIVES: (Using the space below, please outline your research goals to be accomplished for the semester. Note that the accomplishment of these objectives will be used, in part, to assign your grade at the end of the semester.)

Attend the Iowa Section of the AADR Local Research Day and Keynote Speaker’s Address on Tuesday, February 16, 2016 at the University of Iowa College of Dentistry and Dental Clinics

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