REGISTRATION FORM

PCD:8500:0800 Dental Student Research Honors Program
Spring 2017, 1 semester hour

Please complete and return this form to Lynn Schaul, lynn-schaul@uiowa.edu, N422 DSB, by Friday, December 16, 2016 at 1:00pm.

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 14, 2017, 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 (circle one): _____ D1 _____ D2 _____ D3 _____ D4

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

MENTOR(S) SIGNATURE(S): ________________________________

MENTOR(S) DEPARTMENT(S): ________________________________

RESEARCH OBJECTIVES: (Please use the space below and the back of the sheet to outline your research goals to be accomplished for the semester.)

Attend the Iowa AADR Local Research Day and Keynote Speaker’s address on Tuesday, February 14, 2017 at the University of Iowa College of Dentistry and Dental Clinics.