DATE: August 20, 2013

TO: All Dental Students
    All Faculty

FROM: Dr. John Warren, Director
      Dental Student Research Program

SUBJECT: Credit for Dental Research Honors Course (112:190), Fall Semester 2013

REGISTRATION FORM
112:190 Dental Research Honors Course

Please complete and return this form to Lynn Schaul, N406 DSB, before Wednesday, Sept. 4, 2013 at 4:00pm.

SEMESTER HOURS REGISTERING FOR:  1 or 2  (circle one)

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.)

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

DATE: ______________  COURSE DIRECTOR’S SIGNATURE: ____________________________
        (Dr. John Warren)

Please return this form to: Office of Dental Student Research, N406 DSB, before Wednesday, Sept. 4, at 4:00pm.