DATE: December 2, 2013

TO: Students Enrolled in Dental Research Honors Course (112:190)
Mentors of Students Enrolled in Course

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

SUBJECT: Registration for Research Honors Course (112:190), Spring Semester 2014

REGISTRATION FORM

112:190 Dental Research Honors Course
1 semester hour

Please complete and return this form to Lynn Schaul, N406 DSB, before Monday, December 16, 2013 at 4:00pm.

Registration for students involved in mentored research is now being accepted for the 2014 Spring Semester of the Research Honors Course (112:190). All students wanting to register must complete the form below with both the student and mentor signatures. Forms must be turned in before Monday, December 16, 2013 at 4:00pm.

By registering for the course you are agreeing to attend the Iowa Section of the AADR Local Research Day at the UI College of Dentistry on February 11, 2014 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 11, 2014 at the UI College of Dentistry

DATE: ___________________ COURSE DIRECTOR’S SIGNATURE: __________________

(Dr. John Warren)

Please return this form to: Office of Dental Student Research, N406 DSB, before December 16 at 4:00pm.