

# Texas A&M University College of Dentistry Summer Undergraduate Research Program Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Class: \_\_\_\_\_

Are you a U. S. Citizen or Permanent Resident? Yes      No

Student Statement:

Professional Goals: Briefly describe your professional goals. How will involvement in the Summer Undergraduate Research Program help you achieve your goals?

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Previous Research Experience: Briefly describe any experience in research you may have had previously. Where was the research performed, under whose direction, and what were the outcomes (e. g. papers, abstracts, presentations)?

Choices for a Mentor: Please list your top three choices for a mentor along with a brief description of why you would like to work with that particular mentor.

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Choice	Mentor	Reasons
Choice 1:		
Choice 2:		
Choice 3:		

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Signature