



**Tufts**  
UNIVERSITY

School of  
Dental Medicine

## Student Research Program Application Form

**Name:**

**Class Year:**

**Current address:**

**Email address:**

**Telephone #:**



### EDUCATION

**Colleges or Universities attended**

**Dates attended**

**Degree**

**Major/Minor**

**Project Title:**

**Project Advisor:**

**Is this part of a funded project?**

Yes

If so, what agency?

No

I don't know

Please indicate status of Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC) approval for this project.

IRB approval (please check one):

- Currently valid
- Pending
- Paperwork not yet submitted
- Not applicable

IACUC approval (please check one):

- Currently valid
- Pending
- Not applicable

---

### **PERSONAL STATEMENT**

1. Why do you wish to participate in this program?

2. If you have participated in research-related activities, please describe them:

3. What are your scientific research interests?

4. What are your career goals?

5. How will this experience assist you in reaching your long term goals?

6. By entering your name in the box below, you attest that you are in good academic standing, and understand that your research activities could be limited if you are placed on academic probation.

*To submit your completed form, please save this document to your computer and either [upload it to the web page](#) or email it as an attachment to: [eileen.doherty@tufts.edu](mailto:eileen.doherty@tufts.edu).*