

2024 Summer Dental Research Program

Letter of Intent

Submit completed and signed form to Dr. Chakan (lindsavy@buffalo.edu)

Deadline: November 17, 2023

Student:

Name (LAST, First):

UB e-mail address:

Phone number:

Expected year of graduation:

What have you done previously that shows initiative, curiosity, inventiveness, and scientific attitude?

Please explain briefly using the space provided.

What are your goals after graduation from Dental School? Are you interested in pursuing an academic career? If you are unsure, please state "undecided". Please explain briefly using the space provided.

Why would you like to participate in the UB-SDM Summer Student Research Program? Why do you believe you would be a good candidate? Please explain briefly using the space provided.

Whom have you chosen as your mentor?

What is the proposed title of your project?

Signature of Student

Date

Signature of Mentor

Date

KEEP ALL OF THIS INFORMATION ON THIS ONE PAGE; DO NOT EXCEED ONE PAGE.