

2025 Summer Dental Research Program Letter of Intent

Submit completed and signed form to Dr. Keith Kirkwood (sdm-adr@buffalo.edu).

Deadline: November 25, 2024

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?

What are your goals after graduation from Dental School? Are you interested in pursuing an academic career? If you are unsure, please state "undecided".

Why would you like to participate in the UB SDM Summer Student Research Program? Why do you believe you would be a good candidate?

Whom have you chosen as your mentor?

What is the proposed title of your project?

of Student Date Signature of Mentor Date Signature

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