## UNIVERSITY OF WASHINGTON SCHOOL OF DENTISTRY

## RECURRING SUMMER RESEARCH FELLOWSHIP APPLICATION

PLEASE SUBMIT THIS APPLICATION VIA E-MAIL TO: SOD Office of Research (dentres@uw.edu)

**DUE DATE: February 9, 2025 11:59 PM** 

1	Student Applicant Information	Name	Telephone	
	Address			
	e-mail			
	Prior Degrees	Degree	Field	
		Institution	Date	
	Student ID Number			
2	Preceptor Information	Name	Position	
		Dept.		
		Box #	Telephone	
		e-mail		
3	Title of Proposed Project (Not to exceed 53 typed spaces)			

4	Check One of the Following Statements				
			This application does not include activities involving human subjects.		
			This application includes activities involving human subjects. Our institutional		
			committee reviewed and approved it on		
			(Approval No), in accordance with our assurance approved by		
			the Public Health Service. This project w	vill be subject to continuing review, as	
			provided for in that assurance.		
			This application, which includes activities	s involving human subjects, is pending	
			review by an institutional committee as p	rovided by our assurance approved by the	
				empletion of the review will be provided as	
			soon as possible, and prior to the use of	human subjects.	
5	Supplementary Information				
			Ionizing radiation	☐ Diving	
			Pathogenic Organisms	☐ Other Safety Considerations	
			Chemical Carcinogens, Mutagens, Teratogens, Hazardous Chemicals	☐ Use of Laboratory Animals	
6	For Animal Use				
	(check one)		This project has been approved on	·	
			This certification is pending review by the of review will be provided prior to any an	e Division of Animal Medicine. Certification imal use.	
7	Student Commitment to Training Period, Report & Poster Presentation	Acceptance of funds entails an obligation to submit a report of activities carried out during the funded period. This report should be in the form of a scientific manuscript prepared for publication, and it should be submitted to The Office of Research at <a href="mailto:dentres@uw.edu">dentres@uw.edu</a> by December 12, 2025 at 5:00 PM. Eleven weeks' FTE training is required, and will be fulfilled as shown in the Project Timetable (Form Page 5). Student is also required to present a poster at Research Day 2026.			
	Approval/Acceptance Signatures				
		Stude	nt Applicant	Preceptor	
		Depai	rtment Chairperson of the preceptor	(Where more than one department is involved, provide signature from Chairperson of department in which work will be done).	

8	Preceptor's Description		
	Description of expected research learning experience to be provided for student (to be completed by preceptor)		
	Preceptor's Assurance	I take responsibility to assure that the student is provided the research opportunity described herein.	
		Preceptor	Date
9	Budget Information		
	Will this project require funds for supplies, equipment, local travel, publication costs, xerox, telephone costs, subject participation payments, or other costs? Up to \$500 may be requested. Please itemize and show total funds requested. All items requested should be research-related (ex: costs for traveling from home to your		
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10	Dissemination  Please list any conference presentations (posters or talks), awards or publications that are the result of research you have participated in. Mark with an * items that are directly related to the prior SURF participation.		
11	Prior Preceptor's Assessment  Please provide a brief assessment of the prior SURF experience and preparedness to participate in SURF again (to be completed by prior preceptor)  Preceptor's Assurance	I confirm that the above assessment is accurate.	
		Preceptor	Date

12	Elective Credit	Six (6) elective credits can be obtained in during the SURF project period for completion of the Program requirements. These elective credits are offered in the Preceptor's department, and the Preceptor serves as the Course Director.		
		☐ I wish to receive elective credit for my Research project.		
		Student's Signature		
		☐ I agree to serve as Course Director for the student's elective		
		Preceptor's Signature		
13	Project Description	Please provide a description of the proposed research project (6 PAGES). You should include:		
		Summary of proposed project (not to exceed 200 words).		
		<ol> <li>An introduction containing a review of published literature and other observations which serve as the basis for the project.</li> </ol>		
		3. A statement of rationale and research objectives for the project.		
		4. A description of the experimental protocols to be carried out.		
		<ol> <li>An explanation of how the data will be managed and processed, including statistical analysis where appropriate.</li> </ol>		
		<ol> <li>A statement of the significance of the work relative to the knowledge in that general area.</li> </ol>		
		7. Bibliography with citations for referenced items.		
		The research proposal should not be more than a maximum of <b>6 pages</b> , double-spaced typing. It should include sufficient detail for satisfactory review by the Research Advisory Committee of the School of Dentistry.		

## PROJECT TIMETABLE (TO BE COMPLETED BY ALL STUDENTS)

Complete the table below showing what activities you plan to undertake during each period. List activities sequentially and be as specific as possible. Add bullets as necessary. Total weeks must add up to 11.

Time Period	Project Activities	# Weeks	% Effort (Student)	Weeks of FTE Effort (# Weeks x % Effort)

TOTAL = 11.0 WEEKS