

UNIVERSITY OF WASHINGTON SCHOOL OF DENTISTRY  
**SUMMER RESEARCH FELLOWSHIP APPLICATION**

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**Application: Class of 2022**

PLEASE SUBMIT THIS APPLICATION VIA E-MAIL TO:  
 Dr. Sun Oh Chung ([sochung@uw.edu](mailto:sochung@uw.edu))

**DUE DATE: JANUARY 8, 2019 5:00 PM**

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

4	<b>Check One of the Following Statements</b>	<input type="checkbox"/> This application does not include activities involving human subjects. <input type="checkbox"/> 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 will be subject to continuing review, as provided for in that assurance. <input type="checkbox"/> This application, which includes activities involving human subjects, is pending review by an institutional committee as provided by our assurance approved by the Public Health Service. Certification of completion of the review will be provided as soon as possible, and prior to the use of human subjects.				
5	<b>Supplementary Information</b>	<input type="checkbox"/> Ionizing radiation <input type="checkbox"/> Pathogenic Organisms <input type="checkbox"/> Chemical Carcinogens, Mutagens, Teratogens, Hazardous Chemicals <input type="checkbox"/> Diving <input type="checkbox"/> Other Safety Considerations <input type="checkbox"/> Use of Laboratory Animals				
6	<b>For Animal Use</b> (check one)	<input type="checkbox"/> This project has been approved on _____. <input type="checkbox"/> This certification is pending review by the Division of Animal Medicine. Certification of review will be provided prior to any animal use.				
7	<b>Student Commitment to Training Period &amp; Report</b>	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 Dr. Sun Oh Chung by December 13, 2019 at 5:00 PM. Eleven weeks' FTE training is required, and will be fulfilled as shown in the Project Timetable (Form Page 5)				
	<b>Approval/Acceptance Signatures</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-top: 1px solid black; text-align: center;">Student Applicant</td> <td style="width: 50%; border-top: 1px solid black; text-align: center;">Preceptor</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Department Chairperson</td> <td>(Where more than one department is involved, provide signature from Chairperson of department in which work will be done).</td> </tr> </table>	Student Applicant	Preceptor	Department Chairperson	(Where more than one department is involved, provide signature from Chairperson of department in which work will be done).
Student Applicant	Preceptor					
Department Chairperson	(Where more than one department is involved, provide signature from Chairperson of department in which work will be done).					

<p><b>8</b></p>	<p><b>Preceptor's Description</b></p> <p>Description of expected research learning experience to be provided for student (to be completed by preceptor)</p>	<p><b>Preceptor's Assurance</b></p> <p>I take responsibility to assure that the student is provided the research opportunity described herein.</p>
		<p>_____</p> <p>Preceptor <span style="float: right;">Date</span></p>
<p><b>9</b></p>	<p><b>Budget Information</b></p> <p>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 place of work may not be requested, but costs of traveling between different research locations are allowable expenses).</p>	<p style="text-align: right;">Total Requested \$ _____</p>

<p><b>10</b></p>	<p><b>Elective Credit</b></p>	<p>Six (6) elective credits can be obtained in the Fall Quarter 2019 for completion of the Program requirements. These elective credits are offered in the Preceptor's department, and the Preceptor serves as the Course Director.</p> <p>Attendance at a weekly Research Methods seminar (DENTEL 530) is expected of all students; participation in this seminar carries one (1) elective credit in Spring Quarter 2019.</p> <p><input type="checkbox"/> I wish to receive elective credit for the Research Methods seminar</p> <p><input type="checkbox"/> I wish to receive elective credit for my Research project.</p> <hr/> <p style="text-align: center;">Student's Signature</p> <p><input type="checkbox"/> I agree to serve as Course Director for the student's elective</p> <hr/> <p style="text-align: center;">Preceptor's Signature</p>
<p><b>11</b></p>	<p><b>Project Description</b></p>	<p>Please provide a description of the proposed research project. You should include:</p> <ol style="list-style-type: none"> <li>1. Summary of proposed project (not to exceed 200 words, presented on a separate sheet of paper).</li> <li>2. An introduction containing a review of published literature and other observations which serve as the basis for the project.</li> <li>3. A statement of rationale and research objectives for the project.</li> <li>4. A description of the experimental protocols to be carried out.</li> <li>5. An explanation of how the data will be managed and processed, including statistical analysis where appropriate.</li> <li>6. A statement of the significance of the work relative to the knowledge in that general area.</li> </ol> <p>The proposal should not be more than a maximum of <b>5 pages</b>, double-spaced typing (items 2-6 above). It should include sufficient detail for satisfactory review by the Research Advisory Committee of the School of Dentistry. Please provide a bibliography with citations for referenced items.</p>

**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

Time Period	Project Activities	# Weeks	% Effort (Student)	Weeks of FTE Effort (# Weeks x % Effort)
03/18/19-03/22/19	•	1	100%	1.0
03/25/19-05/24/19	• Research Methods Seminar •	9	11%	1.0
06/03/19-07/12/19	•	6	10%	0.6
07/15/19-08/30/19	•	7	100%	7.0
09/03/19-12/06/19	•	14	10%	1.4

**TOTAL = 11.0 WEEKS**