

Information Document Undergraduate Students

- 1- Please visit the Research website at:
<http://www.bu.edu/dental-research/student-research/undergraduate-research/>.
- 2- Complete the form and return it as an attachment to ahourani@bu.edu
- 3- Visit the Office of Research, X-building, Room 344 or call (617) 414-1048.

Research Date : From: _____ To: _____

Voluntary: _____ Internship: _____ UROP: _____ Other: _____

Name: _____

Class: _____ Major: _____ Graduation date _____

BU ID #: _____

Address: _____

BU e-mail: _____

Tel #: _____ Emergency contact: _____ Tel#: _____

Advisor's Name: _____ Phone #: _____ e-mail: _____

Research area of interest: 1. _____
2. _____

Days available: _____

Hours/week: _____

Preference of mentors (see list): _____

Research relevant information:

1. Do you have prior research experience?

Yes No

2. Describe your research experience:

Tasks

Research question (hypothesis)

Time spent: months/hours per week

How did you get involved