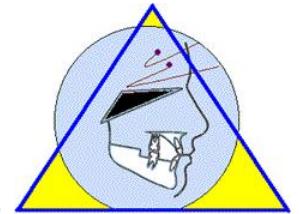




The Center for Research and
Education in Technology Evaluation



**BIODONTICS PROGRAM
UNIVERSITY OF CONNECTICUT, SCHOOL OF DENTAL MEDICINE
APPLICATION FOR ADMISSION TO
THE 2007 BIODONTICS COURSE
ORAL HEALTH RESEARCH CURRICULUM PROGRAM
July 2nd-27th, 2007**

DENTAL STUDENT CONTACT INFORMATION

Name: _____

School Address: _____

Permanent Address: _____

School Telephone Number: _____ Permanent Telephone Number: _____

E-mail Address: _____

Current Academic Year: _____

BACKGROUND INFORMATION

Education:

College or University attended (other than UCONN Dental) _____

Major: _____ Minor: _____

Have you had any previous research experience? If so please complete the following:

Location: _____

Brief position description: _____

Publications and abstracts: _____

Location: _____

Brief position description: _____

Publications and abstracts: _____

Please list any honors, awards, and leadership positions you have earned: _____

List any professional, community or academic organizations to which you currently belong. _____

YOUR INTERESTS

Topic	Yes	No
Have you ever considered developing a product or technology?		
Have you had an "idea" for a new product or technology?		
Have you filed or considering filing a patent?		
Are you interested in learning how to file a patent or negotiate an agreement?		
Have you ever written a business plan?		
Are you interested in learning how to write a business plan?		
Would you be interested in doing research on new products?		
Have you considered a career in academic dentistry?		
Would you be interested in a research project involving product testing and evaluation?		
Do you believe you will be using genomic-based products during your career?		

Please list in order of importance your career goals:

1. _____
2. _____
3. _____

Why are you applying to the Biodontics program? What experiences are you seeking from this program and how will such experiences be beneficial to you?

Read Carefully: I certify that the information on this application is accurate and complete, and I understand that my application will be reviewed by the program admissions committee before a decision on my acceptance into the Biodontics program can be made.

Signature

Date

Please download, complete and return this form as a Word document, attached to an e-mail to Mr. Mathew Moura: Mmoura@uchc.edu. This form can also be printed, completed and faxed to (860) 679-2910 or mailed to Mr. Mathew Moura, University of Connecticut, MC 3705, 263 Farmington Avenue, Farmington, CT, 06030-3705

