



BIODONTICS PROGRAM
UNIVERSITY OF CONNECTICUT
SCHOOL OF DENTAL MEDICINE
APPLICATION FOR ADMISSION TO
THE 2008 BIODONTICS COURSE
ORAL HEALTH RESEARCH CURRICULUM PROGRAM
June 30th-July 25th, 2008

DENTAL STUDENT CONTACT INFORMATION

Name: _____

School Address: _____

Permanent Address: _____

Telephone Number: _____ Cell Phone 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 save this form to your computer, complete and return as an email attachment to Mr. Mathew Moura: Mmoura@uchc.edu. This form can also be printed, completed and faxed to (860) 679-1920 or mailed to Mr. Mathew Moura, University of Connecticut, MC 3705, 263 Farmington Avenue, Farmington, CT, 06030-1725

