

**UNC-CH ADAMS SCHOOL OF DENTISTRY
DDS SHORT-TERM RESEARCH FELLOWSHIP
STUDENT INVESTIGATOR CERTIFICATION AND AGREEMENT**

Title of Project
(limit 56 characters including spaces): _____

Name of Student Investigator: _____

DDS Box# _____ **Email:** _____ **Phone:** _____

PID# _____

Home Address: _____

Student Level as of Fall 2023: _____ **DDS1** _____ **DDS2** _____ **DDS3** _____ **DDS4**

Student's Earned Degree(s) _____ **BS/BA** _____ **MS** _____ **PhD** _____ **Other**

Name of Mentor: _____

Mentor's Position/Title: _____ **Mentor's Department:** _____

Project Approvals (If not applicable write NA, otherwise mark yes or no with an "X")

Human Subjects	Yes _____	No _____	Hazardous Materials including biohazards	Yes _____	No _____
Vertebrate Animals	Yes _____	No _____	Compliant with University EHS Laboratory Safety Training?	Yes _____	No _____

Where will the project be conducted? _____

I certify that this proposal was primarily the effort of the student and if awarded I understand the Terms and Conditions of the Fellowship Award.

Student Investigator Signature: _____