

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

**Name of Student Investigator:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

1. I certify that I have read and reviewed this fellowship application and research proposal with the student investigator and find it a suitable and valuable research project.
2. I understand that this proposed research is a short-term project and as the faculty mentor, certify that I will assist the student in arranging for significant research involvement to meet the specific aim(s) of this project. I will have periodic meetings with the student researcher to monitor research progress, expect progress reports, and will provide timely feedback.
3. I understand that the DDS Short Term Research Fellowship support mechanism provides a student stipend, and limited funding designated for offsetting research costs i.e. supplies and services. As faculty mentor for this project, I will assure that the student has access to necessary resources in order to complete this project.
4. As faculty mentor for this research, I understand that this application should note support for preliminary studies for the proposed research, and continuity of productive research is encouraged. I am also aware that other awards made to the student for this project demonstrating significant scientific overlap in proposals may disqualify this application from receiving additional funding through this fellowship mechanism, since the Adams School of Dentistry fellowship resources are limited and cannot support projects for which students have received direct funding from other sources.
5. If the fellowship is awarded, I understand and agree to the Terms and Conditions of the Award as outlined below.
6. If the student is to present his/her proposal research at a professional/scientific meeting, limited funding through this fellowship opportunity may be available to assist in offsetting some travel expenses. As faculty mentor, I understand that I am responsible for providing additional or matching resources that may be required for the student to make such presentations.
7. If awarded the DFNC and the specific fund that supported the student's fellowship (Grover C. Hunter and Dora Lee and John C. Brauer Dental Research Funds) will be acknowledged in all publications and presentations.

**Name of Faculty Mentor (print or type):** \_\_\_\_\_

**Title, Department:** \_\_\_\_\_

**Mentor Address/Telephone:** \_\_\_\_\_

**Signature of Faculty Mentor:** \_\_\_\_\_

**Date:** \_\_\_\_\_