

**Intensive Summer Research Program Application Form**

**PART I: to be completed by March 1 (send PDF to [summerresearch@cop.ufl.edu](mailto:summerresearch@cop.ufl.edu))**

**Student Full Name:** \_\_\_\_\_

**UFID Number:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Ufl.edu Email Address:** \_\_\_\_\_

**Class Standing: 1PD 2PD**

**Pre-pharmacy GPA:** \_\_\_\_\_

**PCAT score:** \_\_\_\_\_

**Pre-pharmacy Education (college/degree- if any):**

\_\_\_\_\_

**College of Pharmacy GPA:** \_\_\_\_\_

**Proposed Faculty Mentor:** \_\_\_\_\_

(students should communicate with the mentor prior to completing this form)

**Brief Statement of Career Goals and Interest in the PharmD/PhD program**

**PART II: to be completed by April 15, with summer research mentor**

**Proposed Project Title:**

\_\_\_\_\_

**Description of research project and expected activities:**

I have prepared the research description above and have completed the Research Approval form in consultation with my planned faculty member/research mentor.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Member Consent**

**Faculty Name:** \_\_\_\_\_

**Gatorlink Email Address:** \_\_\_\_\_

**Indicate whether the research will involve the following:**

- 1) Export-controlled research? \_\_\_Yes \_\_\_No
- 2) An infectious agent? \_\_\_Yes \_\_\_No
- 3) Human \_\_\_ or Animal \_\_\_ samples \_\_\_Yes \_\_\_No
- 3) Methods/procedures requiring specific safety training? \_\_\_Yes \_\_\_No

*If yes, describe specific training that the student will receive prior to performing these activities.*

I agree to undertake the responsibilities for mentoring the student in the Intensive Summer Research Program. The student has filled out the College's Research Approval form.

**Faculty Mentor Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

