

UF College of Pharmacy Intensive Summer Research Program

Application – Part II

This portion of the application is to be completed by the Faculty Mentor.
Submit completed form to SummerResearch@cop.ufl.edu.

Student Name:

Faculty Mentor Name:

Faculty UFL Email:

Faculty Department:

Proposed Research Project:

Faculty Mentor Statement of Goals for the Student:

Please indicate any other research personnel, other than yourself, who will mentor the student while involved in your research group:

Please indicate the expectations for participation/attendance in Journal Club, department seminar, etc:

Please indicate the expectations for participation/attendance in research group meetings:

Will the research include the following?

- | | | |
|---|-----|----|
| • Export-Controlled research | Yes | No |
| • Infectious agents or clinical samples | Yes | No |
| • Methods/procedures requiring specific safety training | Yes | No |
| • Research involving animals | Yes | No |
| • Research involving human subjects, tissue, or data | Yes | No |

If any of the above questions were answered as YES, please describe the specific training requirements the student must complete prior to joining the lab:

Faculty Mentor Consent: I agree to undertake the responsibilities for mentorship of this student during their participation in the UF COP Intensive Summer Research Program. I will provide the resources necessary to ensure the student has completed all IACUC, IRB, or other requirements by May 1, 2022.

Faculty Mentor Signature: _____