THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY

Student Honors in Research Program Transmittal Form	
Please type or print	
First Middle	Last
Daytime Telephone Number ()	
Faculty Advisor:	Phone Number: ()
Other Collaborators:	
Applicants entering as D3 students are required to apply by October 1. Final Report should be submitted by January 1st of the D4 year to be acknowledged at commencement.	
ASSURANCES Indicate whether or not your research involves any of the following areas of institutional assurance: ANIMAL RESEARCH HUMAN SUBJECTS RESEARCH BIOHAZARDS RADIOACTIVE/LASER Do any investigators involved in this project have an actual, real, or perceived conflict of interest as identified in the conflict of interest policy? Yes No	
Student	Date
Faculty Advisor	Date
Associate Dean for Research	Date
Dean, School of Dentistry	Date
Please return this ap The University of Mississippi Medica Office of Research 2500 North State Street , Jacl PHONF• (601) 984-6010 B	al Center, School of Dentistry, (D528-6A) kson, MS 39216-4505