

**SCHOOL OF DENTAL MEDICINE  
DEAN'S STUDENT RESEARCH FELLOWSHIP (DSRF) PROGRAM  
2018 APPLICATION COVER SHEET**

Student \_\_\_\_\_ Date \_\_\_\_\_  
Investigator \_\_\_\_\_  
Faculty Sponsor \_\_\_\_\_ Dept. \_\_\_\_\_  
Co-Sponsor(s) \_\_\_\_\_ Dept. \_\_\_\_\_  
Project Title \_\_\_\_\_

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Compliances (check if applicable). If checked, appropriate forms must be submitted with this application.

- |  |   |
|--|---|
| <input type="checkbox"/> Human Subjects  | <input type="checkbox"/> Radiological Control     |
| <input type="checkbox"/> Animal Care     | <input type="checkbox"/> Biosafety                |
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Chemical Safety Training |
| <input type="checkbox"/> Questionnaires  |   |

*\*All undergraduate and graduate students paid by internal research grants will be required to complete Responsible Conduct in Research (RCR) Training*

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**ABSTRACT**

Sponsors/students will be required to present a table clinic at SIU-SDM Research Day.

Student Signature \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

Co-Sponsor(s) Signature(s) \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Dept. Chair                      Date  
\_\_\_Recommended    \_\_\_Not Recommended

\_\_\_\_\_  
Co-Sponsor's Dept. Chair(s)              Date  
\_\_\_Recommended    \_\_\_Not Recommended

\_\_\_\_\_  
Chair, Research Committee              Date  
\_\_\_Recommended    \_\_\_Not Recommended

\_\_\_\_\_  
School Dean                                      Date  
\_\_\_Recommended    \_\_\_Not Recommended

