**MUSoD Research Practicum Course Registration Form**

Student Name: Student ID: Semester: \_SUMMER\_\_ Year: 2025

Circle Year in Dental School: D2 (DEIN 7137) D3 (DEIN 7237) D4 (DEIN 7337)

Circle: 1 or 2 credit hours requested. Please note: Three or six hours of research per week during the semester will be required to obtain the 1 or 2 credit hours for the research practicum course.

Title of Proposed Research Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Statement of Work (from the student and/or mentor) detailing what research will be conducted during the semester:

Signature of Faculty Mentor who will supervise the research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Group leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By signing this form, the Group Leader is of the opinion that the student is adequately progressing towards graduation requirements to be allowed to take three or six hours out of clinic per week (depending on the 1 or 2 credits awarded for the research practicum course).

Course Director signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dr. Jeffrey Toth)

This student has my permission to register for the research practicum course.
(Completed form retained by Dr. Toth. Dr. Toth emails Lizzie McGeough to register the student for the research practicum course.)

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Final Assessment: \_S\_\_U\_\_ Faculty mentor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the end of the semester indicating that the student completed the statement of work and earned the credit(s) for the course.