| The Dr. Keith Titley Pediatric Dental Graduate Training Scholarship  RESEARCH ADVISOR STATEMENT |
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| APPLICANT INFORMATION |
| Name:  |
| RESEARCH PROJECT |
| Research Project Title:  |
| Research Advisor: |
| Research Committee Members:  |
| Give a brief summary of your student’s research project. Please comment on research goals, progress to date, estimated date of completion and significance of the research project. (*Use as much space as needed)* : |
| STATEMENT |
| I authorize the release of this information to the committee members of the CAPD Scholarship committee. I verify the information provided to be true and accurate as of the date of the application. |
| Signature of Research Advisor *(Please type your name)* :  | Date:  |

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