## Student Research Center application Form Theran University of Medical Sciences, School of Dentistry, International Campus

| First Name:  | Last Name:                                     |                                    |
|--|--|------------------------------------|
| Interance Year:  |  |                                    |
| Date of Brith:   |  |                                    |
| Address and telephone number:  |  |                                    |
| Email:   |  |                                    |
|  |  |                                    |
| Computer knowledge:  | Interests:                                     |                                    |
| O Excel  | O Periodontology O Endodontics                 | O Oral medicine O Social dentistry |
| O Powerpoint   | O Orthodontics                                 | O Prosthesis                       |
| O Endnote  | O Pediatric                                    |                                    |
| O Word O Access  | O Maxillofacial                                | O Book Translation                 |
| O Photoshop  | <ul><li>Restoraion</li><li>Pathology</li></ul> | O Book Complation                  |
| O SPSS   | O Radiology                                    | Oral presentation                  |
|  | O Dental material                              | O Poster presentation              |
| Language skill O Intermediate O Upper Intermediate O TOEFL O IELTS   | Your Research activities:                      |                                    |
| Do you participate at Research Metodology classes or workshops?  Do you want to participate at Research Metodology Workshop? |  |                                    |

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