University of Puerto Rico School of Dental Medicine

AUTHORIZATION FOR RESEARCH PROJECTS

<table>
<tr><td colspan="2">Date:

Month/Day/Year</td><td colspan="2">Name of principal investigator (PI):
(Must be a faculty member)</td></tr>
<tr><td colspan="2" rowspan="2">Name of applicant:

□ Student □Faculty □Other: ___________</td><td colspan="2">PI'S SIGNATURE
____</td></tr>
<tr><td>Email:</td><td>Phone number:</td></tr>
<tr><td colspan="4">Project title:</td></tr>
<tr><td colspan="4">Objectives</td></tr>
<tr><td colspan="4">Abstract</td></tr>
<tr><td colspan="4">Significance</td></tr>
<tr><td>☐ new IRB application</td><td colspan="3">☐IRB renewal . IRB approval #:_____________ Expiration date: / /
Month/Day/Year</td></tr>
</table>

AUTHORIZED SIGNATURES

The School of Dental Medicine approves and endorses the project and is committed to collaborate to allow the accomplishment of the objectives. This support is subject to the continuous compliance of the institution's regulations and human rights at all times.

Privileges and access to:

☐students and/or their information ☐faculty and/or their information ☐patients and/or their information

☐use of facilities ☐other (please specify):

_______________________________________	_______________________________________
Augusto Elías-Boneta, DMD, MSD, DHC Assistant Dean of Research	