

MENTORING PROGRAM ENROLLMENT

We would like to solicit your participation in the School of Medicines Mentoring Program for our students. The goal of this project is to provide the students with a longitudinal relationship with a faculty member who can offer ongoing personal and professional guidance. Our hope is that you can commit to meet with your student face to face at least twice a year via telephone or email contact at least monthly.

We ask that you complete this form each year in order that we may have current information about you in our files. Thank you.

Name _____ Degree(s) _____

Department _____ Rank/Title _____

Specific clinical and/or research activities in which you participate _____

Phone _____ Fax _____ Pager _____

Email _____ What is the best method to reach you? _____

Some students have specific qualities that they would like in a mentor. If you are comfortable doing so, please answer any of the following that pertain to you to assist me in making successful matches.

Gender _____ *(Please be specific for each of the following)* Gay, Lesbian, Bisexual _____

Racial/ Ethnic ties _____ Religious affiliations _____

Military Affiliation _____

Do you have a spouse or long-term partner? Yes _____ No _____

Do you have children? Yes _____ No _____

Are you a part of a two physician relationship? Yes _____ No _____

Would you consider yourself an appropriate person to mentor a student interested in Women's Health? Yes/ No

Recreational interests and activities _____

Languages you speak _____

Fraternity/Sorority _____

Undergraduate Institution _____

Please return by fax 6-1407 or by mail to Dawn Roberts, Academic Coordinator, Office of Student and Faculty

If you should have any questions, please feel free to contact her at 6-7689.

Sincerely,

Donna L. Parker, MD.

Associate Dean

Office of Student and Faculty Development