

JUNIOR FACULTY MENTORING PROGRAM
Mentor Profile Form

Name: _____ **Title:** _____

Telephone Number: _____ **Campus:** _____

Email Address: _____ **Years at UVI:** _____

Department: _____ **School/College:** _____

Answers to the questions below will help us pair mentors and mentees.

Please describe in a few sentences your research interests.

Please describe in a few sentences the kinds of teaching you do or expect to do (i.e., lectures, seminars, laboratory teaching, graduate advising, etc.)

Please describe your particular strengths as a mentor (for example: teaching techniques; time management; networking with other faculty; etc.).

Please state any preferences you might have regarding your potential mentee (i.e., gender, race, clinician vs. basic scientist, etc).

Do you desire a mentee inside or outside your department?

If you have already chosen a mentee, please provide that person's name* and college/school/department below:

Please return this form by August 30th to Dr. Kimarie Engerman, Office of the Provost, or via email to: kengerm@uvi.edu.

*We will need to receive a completed application from him/her also.