JUNIOR FACULTY MENTORING PROGRAM
Mentee 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.)

Each mentor/protégé will agree on a plan for the mentoring partnership.
Please state 3 areas where you feel a mentor could help you:
1.  
2.  
3.  

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

Do you desire a mentor inside or outside your department?

If you have already chosen a mentor, 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.