

ALSAMP/Bridge to the Doctorate Program

MENTOR INFORMATION FORM

Name _____

Address _____

City, State, Zip Code _____

Phone (specify home, work, cell) _____

E-mail Address _____

Graduate Degree/Major _____

Expected Graduation Date _____

Undergraduate Degree/Major/Minor _____

Date Received/Institution _____

Best Time to Call (select all that apply) morning lunch afternoon evening

Best Day to Call (select all that apply) Mon. Tues. Wed. Thurs. Fri.

Best Way to Contact E-mail Phone Meet

List other universities attended & other degrees attained. _____

Educational Highlights/Awards/etc. _____

Current Research Area _____

Comments:

ALSAMP/Bridge to the Doctorate Program

MENTEE INFORMATION FORM

Name _____

Local Address _____

Phone (specify home, work, cell) _____

E-mail Address _____

High School _____

Classification _____

Major/Minor _____

Expected UAB Graduation Date _____

Best Time to Call (select all that apply) ___morning___lunch___afternoon___evening

Best Day to Call (select all that apply) ___Mon. ___Tues. ___Wed. ___Thurs. ___Fri.

Best Way to Contact _____ E-mail _____ Phone _____ Meet

List other universities attended. _____

Educational Highlights/Awards/etc. _____

Current Research Interests _____

Briefly describe the ways a mentor might be a help to you:

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Mentor/Mentee Agreement

We have agreed to work together in a mutually-beneficial mentoring relationship. Our understandings and plans for this mentorship are described below. We will notify our program directors if this agreement changes.

Needs: List the mentee's needs that might be addressed by the mentorship.

Plan: Define the goals for the mentorship, and your plan to accomplish these goals. They should be specific and measurable to allow you to determine if they were accomplished.

Expectations: Set out the expectations you have for the working relationship. Be sure you both believe them to be realistic.

Meetings: Regular (at least monthly) meetings are important to the mentoring process. Indicate how often you plan to meet for mentoring.

(All information shared in the mentoring relationship is confidential.)

Print Mentor's Name	Print Mentee's Name
Signature _____ Date _____	Signature _____ Date _____

Please complete and return within 10 days to: Dr. Carolyn Braswell - 401 Campbell Hall