Participant Information: Untenured Faculty Response

I. Contact Information

Name: ___________________________ Date: ___________________________
(please print)
Title: ____________________________________________________________
Department(s): ____________________________________________________

II. Professional Experience

Divisional Affiliation: _____________________________________________
   _____ Arts & Humanities
   _____ Biological Sciences
   _____ Physical Sciences
   _____ Social Studies

Academic Interests: ________________________________________________

What special experience, knowledge or skills are you looking for in a mentor?

Please return this form to the Women Faculty Mentoring Program at Room 132, Bascom Hall. Thank you.

III. Personal Experience

   _____ Ethnic minority     _____ Child care responsibilities     _____ Adoptive parent
   _____ Lesbian/Bisexual     _____ Dependent care responsibilities  _____ Biological parent
   _____ Individual with a disability _____ Elder care responsibilities  _____ Single parent
   _____ Partner/Spouse unemployed
   _____ Other (please specify):

Name/Age of each child: ___________________________________________

Personal Interests: ________________________________________________