University of Wisconsin-Madison
Women Faculty Mentoring Program

Participant Information: Tenured 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?

III. Personal Experience

____ Ethnic minority  

____ Lesbian/Bisexual  

____ Individual with a disability  

____ Partner/Spouse unemployed  

____ Other (please specify):________

____ Child care responsibilities  

____ Dependent care responsibilities  

____ Elder care responsibilities  

____ Adoptive parent  

____ Biological parent  

____ Single parent

Name/Age of each child:________

____________________________________  

____________________________________  

____________________________________  

____________________________________  

Personal Interests:________

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