

Mentor Questionnaire 2015

First Name _____ Last Name _____

Telephone _____ Preferred Email _____

Communication Preference: _____

1. Professional Career Information: Please describe your experience and detail your areas of expertise or please attach your professional resume.

2. The Pre-Health Professions Program offers a variety of areas of study. Please check which area(s) you would like to mentor a student:

- Pre-Pharmacy
- Pre-Nursing
- Pre-Optometry
- Pre-Occupational Therapy
- Pre-Veterinary Medicine
- Pre-Chiropractic
- Pre-Physical Therapy
- Pre-Dentistry
- Pre-Physician Assistant
- Pre-Respiratory Care
- Pre-Health Information Management
- Pre-Medicine

3. Are you looking for any specific characteristics in a mentee?

4. Do you have any personal goals for participation in this mentoring program?

5. Would you be willing to mentor more than one student?

Yes No

Signature _____ Date _____