



INDIANA UNIVERSITY
 THE UNIVERSITY GRADUATE SCHOOL

The Graduate Mentoring Center

**WOULD YOU LIKE TO BE
 A MENTOR OR MENTEE/PROTÉGÉ?**
Please complete this form to help us assist you.

Last Name _____ First Name _____
 Email _____

I am (a)	Department/School	Year
___ graduate student		
___ postdoctoral fellow		
___ faculty member		
___ staff member		

I would like to be a mentor. Check all that apply.

<input type="checkbox"/>	I have been or am currently a mentor.
<input type="checkbox"/>	I would like to work with someone in my discipline.
<input type="checkbox"/>	I would like to work with someone outside my discipline.
<input type="checkbox"/>	I do not have a preference.
<input type="checkbox"/>	I am able to commit to a mentoring program for at least one semester.

I would like to have a mentor. Check all that apply.

<input type="checkbox"/>	I have been or am currently a mentee/protégé.
<input type="checkbox"/>	
<input type="checkbox"/>	I would like a peer mentor.
<input type="checkbox"/>	I would like a postdoctoral mentor.
<input type="checkbox"/>	I would like a faculty mentor.
<input type="checkbox"/>	I do not have a preference.
<input type="checkbox"/>	
<input type="checkbox"/>	I would like to work with someone in my discipline.
<input type="checkbox"/>	I would like to work with someone outside my discipline.
<input type="checkbox"/>	I do not have a preference.
<input type="checkbox"/>	
<input type="checkbox"/>	I am able to commit to a mentoring program for at least one semester.

Thank you. We will contact you to schedule a meeting to discuss your more specific needs and interests.

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