



MENTORSHPE Program

Appendix B: Mentor Profile Form

MENTOR Information

Date: _____ Term: Spring 2017

Name: _____ Phone Number: _____

E-Mail Address: _____ Field of Study: _____

College: _____ Graduation Date: _____

Questionnaires

Where are you working? Name location and company.

What are your areas of expertise?

What are your hobbies?

What are your professional goals?

What advice would you give to your mentee to succeed in the work place?

How much time would you have available to commit to the MentorSHPE program? (e.g: 1 hour a week, 4 hours a month, etc.)

SHPE Coordinator Use Only

Date Replied: _____

Comments: