

MENTEE INTEREST QUESTIONNAIRE

Name:	Date:	Phone:
Email:	Title:	
Length of time at UVa:	Unit/Departmo	ent/School:
What do you hope to achieve by partic	cipating in the mentoring pro	ogram?
What experiences would you like to ho you like to do?	ave in the mentoring progran	n? What types of activities would
Do you have any particular preference match?	es or constraints that need to	be considered when making a
What do you consider to be your most	significant contribution to y	our job/UVa so far, and why?
Please describe any previous involvem What would you do the same or differ	-	
If you already know a mentor in the su		,