



Discovery. Diversity. Distinction.

Faculty Mentoring Program Protégé Application

Protégé Information

Last Name

First Name

Title:

Department:

Manager:

Desk Phone:

Email:

Fresno State ID #:

Statement of Interest. Briefly describe why you would like to participate in the Mentoring Program and what leadership skills you are most interested in developing.

What are you looking for in a mentor?

List your long term goals.

List your short term goals.

Program Conditions

1. While participation is voluntary, a two-year commitment is expected of participants. Year 1 will include more formal programs; Year 2 less will be less frequent and less formal.
2. Mentor and protégé pairs will meet monthly at a site to be determined by the mentoring pairs.
3. Mentors and protégés are expected to make bi-weekly contacts at a minimum (Year 1).
May be in person, via telephone or other means of communication.

Applicant Signature _____ Date: _____

Applicant Name (Printed) _____

Both the applicant and I believe she/he will benefit from the Faculty Mentor Program. We understand the time commitment necessary.

Dean Signature _____ Date: _____

Dean Name (Printed) _____

Department Chair Signature _____ Date: _____

Department Chair Name (Printed) _____

Applicants should submit this form to: Kathleen Scott to M/S ML 52 or email to kscott@csufresno.edu
by Monday, September 21, 2015.

Questions? Please call (559) 278-5330