



School of Medicine  
Student Affairs Office

## Faculty Mentor Program Application

STUDENT

PROFESSIONAL

NAME:

ADDRESS:

PHONE NUMBER(s):

EMAIL ADDRESS:

COUNTRY OF ORIGIN:

ETHNICITY:

LANGUAGES SPOKEN:

PERSONAL INTERESTS

HOBBIES

SPECIALITY/SPECIALTY INTERESTS	

**Faculty Mentor Section Only:**

Would you prefer mentoring a:

First Yr Student     Second Yr Student     Doesn't Matter

WHAT WOULD YOU SPECIFICALLY LIKE TO GIVE/GET FROM THIS MENTORING RELATIONSHIP?

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Please return to: School of Medicine, Student Affairs, Education Building-Room 2638, Riverside, CA 92521 or email to Lily Ramos at [Liliar@ucr.edu](mailto:Liliar@ucr.edu) or fax to: 951-827-5504