

UIC URBAN HEALTH PROGRAM MENTORING PROGRAM APPLICATION

Name:

Last

First

Middle Initial

Address:

City:

State:

Zip Code:

Best Phone Number to reach you at:

College/Program you graduated from:

Year you graduated:

What is your current position?

What do you perceive as a benefit of the Urban Health Program Mentoring Program?

What do you hope to gain from participation in the Urban Health Program Mentoring Program?

What experiences have you had mentoring students?

How would you be willing to mentor a student? Please check all that apply

By phone

By e-mail

By direct meetings

In which health science college(s) would you be willing to mentor a student?

Medicine

Dentistry

Public Health

Nursing

Pharmacy

Applied Health Sciences

Graduate College

Thank you for your support of Urban Health Program Students!