

Scientist Mentoring & Diversity Program Personalized Mentoring Plan

Frequency of Meetings

We will meet at least _____time(s) each month at _____ Eastern time on the _____ of the month. If we cannot attend a scheduled meeting, we agree to notify one another in advance.

Meetings will occur: _____ (ie. in person, by phone, by email)

Duration

Our mentoring relationship will continue for one year or until _____

Mentor Name: _____	Scholar Name: _____
Mentor Email: _____	Scholar Email: _____
Mentor Phone: _____	Scholar Phone: _____
Time zone: _____	Time zone: _____

We are voluntarily entering into a mentoring relationship from which we both expect to benefit. This will be a rich, rewarding experience with our time spent in professional development activities.

GOAL	Title	Due Date
+	Add Action Items:	
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