



mentor registration form
academic mentoring programme
of the faculty of biology and medicine

Last name

First name

E-mail

Telephone

Service or department

Position

Research discipline(s)/field(s)

Academic status

Brief description of your expectations regarding this programme

Document to be attached

- *Curriculum Vitae*

By registering for the FBM academic mentoring programme I agree to the above information being communicated by the Dean's office to future mentees for the purpose of finding suitable matches.

Place and date

Signature

