



Mentor's Questionnaire

Full Name _____

Position type. Check one.

- | | | |
|-----------------|----------------|-----------------------|
| Instruction (I) | Research (R) | Legal instruction (J) |
| Librarian (B) | Specialist (S) | Extension agent (A) |
| | | Clinical medicine (M) |

Highest degree earned. Check one.

- PhD EdD JD Dr. PH
- Other (please specify) _____

Institution awarding degree _____

Discipline _____

Research interest _____

Topics or regional areas _____

Academic Rank
(Circle/select one)

- Associate
Full

Year hired

Year promoted &/or tenured

Department

College or program

E-mail

Campus phone

Years lived in Hawai'i

UHM OFDAS Faculty Mentoring Program
1733 Donaghho Road
Kuykendall Hall 107
Honolulu, Hawai'i 96822

P 808-956-9567
F 808-956-9535
fmp@hawaii.edu
www.ofdas.hawaii.edu



UNIVERSITY
of HAWAII
MĀNOA

The mentoring relationship requires trust and confidentiality. The Mentee may grant limited exceptions.

Please indicate areas of knowledge or interest where you feel you can provide guidance or support to a junior faculty as their Mentor. Check up to 3 boxes.

Time management—balancing classes, research, and life

Classroom management, syllabus, assignments

Working with superiors (division chairs, administration) and colleagues (peers, senior faculty)

Renewal, promotion, tenure processes

Understanding the UH system

Maintaining a research agenda

Navigating the unique cultural environment of Hawai'i—on and off campus

Locating funding for research and other professional development

Other _____

Incorporating community engagement

I could work well with faculty who have scholarly or personal interests in the following:

Please return a completed questionnaire by:

Email to **fmp@hawaii.edu**

Campus Mail to **Director, Faculty Mentoring Program (FMP), UHM Office of Faculty Development & Academic Support (OFDAS)**

Kuykendall Hall 107