

Scientist Mentoring & Diversity Program for Biotech (SMDP Biotech) Personalized Mentoring Plan

Mentor Name: _____ Scholar Name: _____
 Mentor Email: _____ Scholar Email: _____
 Mentor Phone: _____ Scholar Phone: _____

We are voluntarily entering into a mentoring relationship from which we both expect to benefit. We want this to be a rich, rewarding experience with most of our time together spent in professional development activities. To this end, we have mutually agreed upon the terms and conditions of our relationship as outlined in this agreement.

What I'd like to accomplish:

	1 month	6 months	1 year
Goals			
Action Items			

Frequency of Meetings

We will meet at least _____ time(s) each month at _____ 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: _____ Scholar: _____
 Date: _____ Date: _____