

**Participant Input form – Faculty Mentoring Partner Program**

Name:

Affiliation:

Years of experience as faculty:

Professional Expertise/Experience/Qualification in Research, Teaching, Service:

**A. Research (Give 3 keywords for your research expertise/experience/qualification):**

**B. Teaching (Give 3 highlights of your teaching expertise/experience):**

**C. Service (Give 3 highlights of your service experience):**

Professional development needs in Research, Teaching, & Service:

**A. Research (List 3 areas which you want to learn about for developing your research):**

**B. Teaching (List 3 learning needs for enhancing your teaching):**

**C. Service (List 3 learning needs for enhancing your service):**