

Faculty Research Mentor-Mentee Coordination Form

I. Basic Information

1. Mentor's Information:

- Name: _____
- Department: _____
- Email: _____
- Phone: _____
- Preferred Method of Communication: Email Phone Video Call In-Person

2. Mentee's Information:

- Name: _____
- Department: _____
- Email: _____
- Phone: _____
- Preferred Method of Communication: Email Phone Video Call In-Person

II. Meeting Schedule

1. Regular Meetings:

- Frequency: Monthly Quarterly
- Preferred Day(s): _____
- Preferred Time(s): _____
- Duration: 30 minutes 1 hour 1.5 hours Other: _____

2. Flexibility:

- Are there any specific dates/times when meetings should be avoided?

- Are there any specific dates/times when you are available for additional meetings if needed?

III. Communication Preferences

1. Response Time:

- Mentor's Expected Response Time: _____
- Mentee's Expected Response Time: _____

2. Communication Channels:

- Preferred Communication Channels for:
 - Scheduling Meetings: Email Phone Other: _____
 - Sharing Documents: Email File Sharing Service Other: _____
 - General Updates: Email Phone Messaging App Other: _____

IV. Goals and Expectations

1. Research Goals:

- Mentor's Expectations: _____
- Mentee's Goals: _____

2. Feedback and Evaluation:

- Frequency of Feedback: After Each Meeting End-of-year _____
- Preferred Method for Feedback: Written Verbal Both

V. Additional Notes

- Any additional preferences or notes on scheduling and communication:

Signatures

- **Mentor:**
 - Signature: _____
 - Date: _____
- **Mentee:**
 - Signature: _____
 - Date: _____