

**UNIVERSITY OF WISCONSIN-MADISON
WOMEN FACULTY MENTORING PROGRAM**

PARTICIPANT INFORMATION: TENURED FACULTY RESPONSE

I. CONTACT INFORMATION

Name: _____ Date: _____

(please print)

Campus Address: _____

E-mail Address: _____ FAX Number: _____

Campus Telephone Number: _____ Home Telephone Number: _____

(optional)

II. PROFESSIONAL EXPERIENCE

Department(s): _____

Divisional Affiliation:

_____ Arts & Humanities

_____ Biological Sciences

_____ Physical Sciences

_____ Social Studies

Academic Interests:

In what areas could you offer advice to a mentee?

(E.g., feminist research/publishing; knowledge of grant-writing; recognition for excellence in teaching; outreach/extension appointment; significant committee experience; extension of the tenure clock; one or few women in department)

III. PERSONAL EXPERIENCE

_____ Ethnic Minority

_____ Lesbian/Bisexual

_____ Partner/Spouse Unemployed

_____ Single

_____ Other *(please specify)*: _____

_____ Childcare Responsibilities

_____ Dependent Care Responsibilities

_____ Elder Care Responsibilities

_____ Adoptive Parent

_____ Biological Parent

_____ Single Parent

Name/Age of each child:

Personal Interests:

Please return this form to the Women Faculty Mentoring Program at Room 132, Bascom Hall. Thank you.