

## mentee registration form academic mentoring programme of the faculty of biology and medicine

Last name E-mail First name

Telephone

Service or department
Position
Name of immediate superio

Research discipline(s)/field(s)

Academic status (if any)

For doctoral and post-doctoral students

- Subject of doctoral/post-doctoral studies
- > Thesis supervisor

## Accompanying documents

- > Curriculum Vitae
- Supporting letter detailing your expectations and objectives regarding this programme and in particular answering the following questions:
  - What do you expect from the mentoring programme?
  - What would be your ideal career?
  - What are your medium and long-term career objectives?
  - Who would be your ideal mentor? Do you have a name to put forward?

## **Remarks/suggestions**

By registering for the FBM academic mentoring programme I agree to the above information being communicated by the Dean's office to future mentors for the purpose of finding suitable matches.

Place and date

Signature

Faculté de biologie et de médecine Rue du Bugnon 21 | 1011 Lausanne mentorat.fbm@unil.ch www.unil.ch/fbm/mentorat

