APPLICATION FORM MENTORING | 1/1



## **MENTORING PROGRAMME APPLICATION FORM**

| in the academic year   |
|--|
| Name, surname, title:  |
| Language for mentoring purposes:   |
| Faculty:   |
| Institute / workplace:   |
| Department:  |
| Project / project team leader:   |
| Telephone number:  |
| E-mail:  |
|  |
| Dissertation topic (DSP students):   |
|  |
| Name of the supervisor (DSP students):   |
| Year of study (DSP students):  |
| Information on professional classification / qualification level (university staff): |
|  |
| What are your expectations from the mentoring programme:                             |
|  |
| You already have chosen a mentor – enter his / her name:                             |
| If not, what would be the ideal profile of your future mentor:                       |
|  |
| Do you have any time or organizational restrictions:                                 |
| Varia matasi   |
| Your notes:  |
|  |
|  |
|  |
| Date: Sianature:   |