

PROFESSIONAL MENTORSHIP PROGRAM MENTOR PROFILE

CONTACT INFORMATION

Today's Date:

Title: Mr. Mrs. Ms. Dr. Hon.

First Name:

Last Name:

Degree Program: MPA In-Career MA Dual-Law Dual-MSW
 Dual-SEES Dual-CRP Dual-ENR Dual-HSMP
 Dual-MBA Dual-MPH Arts Policy Other

Degree Year:

Email Address:

Phone Number:

Preferred Method of Contact: Email Phone

MENTORING INFORMATION

Current Job Title:

Job Description:

Employer(s):
(include current & past)

Area(s) of Expertise:

JOHN GLENN SCHOOL OF PUBLIC AFFAIRS

glenn.osu.edu

Organization Memberships:

Public Policy Interest(s):

Do you agree to commit to the time and communication requirement of at least one in-person meeting per quarter (location permitting), and monthly phone. Skype or email exchanges?

YES NO

Do you agree to return program surveys in a timely manner?

YES NO

***PLEASE SUBMIT THIS FORM & YOUR RESUME TO
LISA FRERICKS AT FRERICKS.12@OSU.EDU.***

IMPORTANT: Submitting this form and your resume does not guarantee that you will be matched with a mentee for the upcoming program; however we will keep your profile and resume on file to refer to in future years.