



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
EL PASO

Office of Diversity, Inclusion, and Global Health

## Diversity Mentorship Program

Academic Year 2020-21

Mentor Selection Form **DEADLINE: Friday, September 11, 2020**

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Student Name:

Gender:

How do you self-identify ethnically and/or racially?  
*Feel free to elaborate as much or as little as you like.*

Cell Phone:

Home/Other Phone:

Email address:

**Research interests:**

**Hobbies/Outside interests:**

Please list a minimum of six names, any of whom you would like as your mentor. If you have preferences, please rank them in order (No. 1 = the most desired).

You can research and learn more about the mentors at [elpaso.ttuhscl.edu/elpaso/digh/](http://elpaso.ttuhscl.edu/elpaso/digh/).

**Primary reason for choosing mentor:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

No, I do not want to participate if you cannot match me with one of the above mentors.

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**What are your objectives/goals for the mentor program?**

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**Commitment**

Your commitment to the Diversity Mentorship Program begins in August of the current academic year. You are committed to serving as a mentee for a minimum of one academic year. Your conduct and representation as a Paul L. Foster School of Medicine student is held to a high professional standard. We expect each student to commit to the program to the best of his or her ability unless extenuating circumstances arise. If you are not able to continue participating in the mentor program for professional or personal reasons, it is your responsibility to communicate that to your mentor and to the Office of Diversity, Inclusion, and Global Health.

I have read and agree to abide by the terms listed above for participation in the Diversity Mentorship Program.

\_\_\_\_\_  
Please sign or type name

\_\_\_\_\_  
Date

**Your Mentor Selection Form will not be accepted until this form has been signed**

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**Completed mentor selection forms should be sent to the contact below with “Diversity Mentorship Program: Mentor Selection Form” in the subject line by Friday, August 9 to [DiversityInclusionGlobalHealth@ttuhsc.edu](mailto:DiversityInclusionGlobalHealth@ttuhsc.edu).**

If you have any questions about the program or the application form, please feel free to contact:

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