

Network of Minority Research Investigators (NMRI)

REQUEST A MENTOR FORM

If you are interested in becoming a mentee of the NMRI, please complete the following form and send a copy via email to: Winnie.Martinez@nih.gov. This information will be forwarded to NIDDK staff and the NMRI Oversight Committee to determine if there is someone who would like to be your mentor.

Name: _____ Degree(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: _____ Fax: _____

1. Are you currently a member of the NMRI? _____ If not, you must join the NMRI in order to request a mentor. Go to <https://forms.niddk.nih.gov/nmri/Membership.aspx> and complete the membership request form.

2. Indicate your current status:

Senior Investigator Junior Investigator Fellow Post Doc Student

3. List your areas of research interest. Please list at least 3 areas and prioritize them from 1-3.

1. _____

2. _____

3. _____

4. If you have suggestions for a mentor, please list them in the space below.

Please save this file and email it to Winnie.Martinez@nih.gov.

