



UNIVERSITY OF
GEORGIA

The University of Georgia
Peach State

Louis Stokes Alliance for Minority Participation
Faculty Mentor Interest Form



Name: _____ Date: _____

Department: _____ Title: _____

Campus Address: _____

Email: _____

Personal Website URL: _____

Please indicate below how you would like to participate. You can work with as many students as you choose.

____ **PSLSAMP Faculty Research Mentor** (Academic Year)

Number of Academic Year Research Students _____

____ **Summer Research Program Mentor**

Number of Summer Research Students _____

Topic(s) of Research:

Brief Description of Research:

Type of student (i.e. student who holds the same major as your department/junior/senior, etc)

Return via email to the UGA LSAMP Campus Coordinator, William Redding, william.redding@uga.edu