

**Brookhaven National Laboratory
Office of Educational Programs**

Mentor Referral Program - New Mentor Recommendation Form

Please fill the following form to recommend a new mentor

To be completed by prospective mentor

Name of prospective mentor: _____

Email: _____

Phone Ext.: _____

Department: _____

Title: _____

Degree: B.S. M.S. PhD Other: _____
 B.E. M.E. M.D.
 B.A. M.A.

Research Interest _____

Please Identify which of the BNL Core Capabilities apply to your research interest:

- | | |
|---|---|
| <input type="checkbox"/> Particle Physics | <input type="checkbox"/> Applied Nuclear Science and Technology |
| <input type="checkbox"/> Nuclear Physics | <input type="checkbox"/> Applied Materials Science and Engineering |
| <input type="checkbox"/> Accelerator Science and Technology | <input type="checkbox"/> Chemical Engineering |
| <input type="checkbox"/> Condensed Matter Physics and Materials Science | <input type="checkbox"/> Systems Engineering and Integration |
| <input type="checkbox"/> Chemical and Molecular Science | <input type="checkbox"/> Large Scale User Facilities/Advanced Instrumentation |
| <input type="checkbox"/> Climate Change Science | |
| <input type="checkbox"/> Biological Systems Science | |

To be completed by the recommending mentor

Name of recommending mentor: _____

Department: _____

Title: _____

Reason why you are recommending this prospective mentor:

I _____ (Print Your Name) recommend the above prospective mentor _____ (Print name of prospective mentor)

to become a DOE mentor at Brookhaven National Laboratory's Office of Educational Programs.

Sponsoring Mentor Signature: _____

Date: _____