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| **Name of Mentor:** |  |
| **Name of Student:** |  |

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| ***Please provide response to the following questions in no more than 2000 characters.*** |
| Why do you believe we should appoint this student to the GPTP?   |  | | --- | |  | |

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| --- | --- |
| How do you foresee this student’s training benefiting from the GPTP activities? | |
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| --- | --- |
| Describe your commitment to participating in the GPTP events and activities. | |
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| --- | --- |
| Please list all teaching and service activities in which you participated in the GMB program since the Fall semester 2022. For each, please list the course or committee, your role, start/end dates, time commitment (specify total or weekly). | |
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| Is there any additional information you want considered regarding this student and the GPTP appointment? | |
|  |

**For the following statement, please answer the following statements and check the box to affirm you understand and confirm.**

I attest that I will support a GPTP appointee (G2-3) or affiliate (G4 and above) in my lab to participate in GRAD705R, should they wish to do so.

I am certified in mentor training by the Atlanta Society of Mentors (ASOM)” **OR** “I will be ASOM certified in mentorship by December 2025 and understand that failure to do so will result in students in my lab not being permitted to receive GPTP funding through the Spring 2030 semester. \*\**All mentors must be ASOM or GA CTSA certified for mentor training*\*\*

**If you did not check a box above and you believe you have an acceptable reason, please provide an explanation in the space below.**

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