

Old Dominion University Office of Research  
**JUNIOR FACULTY RESEARCH MENTORING PROGRAM**  
*Administrative Cover Sheet*

**DIRECTIONS:** This form is completed by the junior faculty member, who is also responsible for obtaining signatures from the mentor, chair(s) and dean(s). Save the completed, signed form and the other required components (2-3 page Narrative, Mentee abbreviated CV, and Mentor abbreviated CV) as a single Adobe PDF document, and submit via email to [ORIntramural@odu.edu](mailto:ORIntramural@odu.edu) by 5:00 p.m. on the deadline. See program guidelines for deadline, eligibility & detailed instructions.

**Indicate Application Type:**       **TRACK I**       **TRACK II**

MENTEE INFORMATION	Name:		Title/Rank:		
	Department:		College:		
	Email address:		Phone number:		
	Semester for course release: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING		Years at ODU:	Tenure decision expected by:	
	Briefly describe your research interests:				
	Potential funding sources:				
	As a mentee: <ul style="list-style-type: none"> <li>I am committed to working with my mentor for one academic year (fall and spring semesters).</li> <li>I will submit a competitive extramural grant application for a minimum of \$250,000 by the deadline that follows the mentoring period (Track 1).</li> <li>I will submit a competitive application based on prior discussion with the Office of Research (Track 2).</li> <li>If the proposal is declined, I will revise and resubmit during the next funding cycle.</li> <li>I will submit a report to the Office of Research on the outcomes of the mentoring relationship after each semester.</li> </ul>				
	<b>AWARD to Mentee:</b> <i>The Office of Research will fund a semester course release (up to \$3,000 in support to department from the Office of Research) and travel to visit a program officer.</i>				
	Signature of Mentee:		Date:		
	Dept. Fiscal Contact:		Dept. Budget Code (6-account):		
Signature of Dept. Chair:		Date:			
Signature of Dean:		Date:			

MENTOR INFORMATION	Mentor name:		Title/Rank:	
	Department:			
	College:		Years at ODU:	
	Email address:		Phone number:	
	As a mentor: <ul style="list-style-type: none"> <li>I meet either formally or informally with my mentee once per week for one academic year (fall and spring semesters).</li> <li>I will ensure that my mentee works steadily towards submission of a competitive application by the deadline.</li> <li>I will provide the guidance and information necessary to support my mentee's goal of submission of a high quality proposal.</li> </ul>			
	<b>AWARD to Mentor:</b> <i>For one academic year of mentoring, the mentor's department will receive a \$3,000 budget transfer from the Office of Research to a department account to support the mentor's research efforts.</i>			
	Signature of Mentor:		Date:	
	Dept. Fiscal Contact:		Dept. Budget Code (6-account):	
	Signature of Dept. Chair:		Date:	
	Signature of Dean:		Date:	