

**APPENDIX B**

Date: \_\_\_\_\_

Person(s) filling out form: \_\_\_\_\_

**Documentation for Mentoring Plans for Department of Pathology**

\_\_\_\_\_ %    **Research/Scholarly Activities (describe):**

\_\_\_\_\_ %    **Teaching Activities (describe):**

\_\_\_\_\_ %    **Service Activities (describe):**

\_\_\_\_\_ %    **Clinical Service (describe):**

**Proposed timeline for promotion & tenure:**