

# Mentoring Agreement



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**Mentee Name (please print)**

**Mentor Name (please print)**

We have agreed to the following goals:

1.

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2.

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3.

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Preferred frequency of meetings

Preferred Meeting Day/Time

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Preferred contact method (Phone,  
Skype, Etc.)

Responsibility for setting meetings

Ground Rules for Relationship:

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### Eligibility Requirements\*

1. Meet virtually
2. Meet virtually once per month
3. Meet for one hour per month minimum.
4. Complete monthly log
5. Adhere to the agreements in this Mentoring Agreement

6. Enrollment – If a student needs to withdraw from the semester, it may be possible to continue in the Mentoring Program. Reach out to the program coordinator to discuss the situation as soon as possible.

\*Eligibility requirements are subject to change.

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Mentee Signature and Date

Mentor Signature and Date

