



Office of Project Aim, Student Support Services, TRIO

Mentorship Form

Student Information

Semester/Year

Name (Last, First, M.I.)

Email

Phone Number

I understand that it is my responsibility to contact my mentor and attend at least 3 contacts throughout the semester. If I am unable to meet face-to-face, I may contact my mentor through email. I will notify my mentor about my academic progress and prior to withdrawing from any courses.

Student Signature

Date

Mentor Information

Name (Last, First)

Job Title/Organization

Email

Phone Number

I will make a commitment to meet with my mentee at least 3 times throughout the semester. If there are scheduling conflicts, I understand it is permissible to contact my mentee via email. I understand that the mentoring relationship is geared towards helping my mentee to succeed academically. Therefore, our meetings will focus on topics related to academics, students' progress, guidance, and career exploration. I also understand that our meetings and interactions will be confidential.

Mentor Signature

Date



Mentorship Report Form

Student Name: _____

Date: _____

Time: _____ Total Hours: _____

Meeting Type: _____ Visit _____ Email _____

Notes/Comments: _____

Date: _____

Time: _____ Total Hours: _____

Meeting Type: _____ Visit _____ Email _____

Notes/Comments: _____

Date: _____

Time: _____ Total Hours: _____

Meeting Type: _____ Visit _____ Email _____

Notes/Comments: _____

I verify that I have completed 3 contacts with my mentee and the above documentation is accurate.

Mentor Signature

Date