

# Guam Community College



GCC Student Center, Room 5204 • 1 Sesame Street  
Mangilao, Guam • Tel: (671) 735-5594/5

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## **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

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### **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

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## 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