Revised 01/09/2020

Due Date: <u>FEB. 14, 2020</u> Student Information

Mentorship Contract Form

BOO#: _

Name (Last, First, M.I.)

Email

I understand that it is my responsibility to contact my mentor and attend at least 3 sessions 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

Mentor Information

Name (Last, First)

Job Title/Organization

Email

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 or phone. 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.

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

Mentor Signature

Date

Semester/Year

Phone Number

Phone Number



Date

ROJE

GUAMCOMMUNITYCOLLEGE

Mentorship Report Form



Please PRINT clearly))		
Date:			
Time:	Fr: To:	Total Mins/Hrs:	
Meeting Type:	Visit	Email	
Notes/Comments:			
Please PRINT clearly))		
Date:			
Time:	Fr: To:	Total Mins/Hrs:	
Meeting Type:	Visit	Email	
Notes/Comments:			
Please PRINT clearly))		
Date:			
Time:	Fr: To:	Total Mins/Hrs:	
Meeting Type:	Visit	Email	
Notes/Comments:			

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