STUDENT/FACULTY TEACHING MENTORSHIP PROGRAM CONTRACT

Complete Parts I, II, and III and return a copy of both sides to the Registrar's Office, O'Hara Hall, no later than the last day for drop/add for the semester. Faculty members should keep the original contract for their records.

I. BACKGROUND INFORMATION (to be completed by student.)

Name: ______Royal ID: _____ Local Address: ___ (Provide Box Number for Dorms) Contract Term/Year: _____ (Fall, Intersession, Spring, or Summer) II. SIGNATURES The undersigned agrees to the work as described on the reverse of this form: **FACULTY MEMBER STUDENT** Print Name Print Name Signature Signature Date Date Faculty member's Royal ID Department (SFTMP Course Code will be the same as the faculty member's department).

PLEASE NOTE: It is understood that students should not grade other students' work. A separate contract must be completed for each term in which you wish to participate in the SFTMP.

<u>TEACHING MENTORSHIP PLAN</u> (To be completed by student and faculty member) Briefly describe the teaching mentorship project: Describe tasks that will be undertaken in connection with this project: Describe mentoring activities: **EVALUATION** (To be completed at end of contract period) Student evaluation of teaching mentorship experience: Faculty assessment of student performance:

V. <u>FINAL VERIFICATION</u> (to be completed by the faculty member at end of contract period.)

Did the student fulfill the mentorship contract?			
Yes	No		
Signature		Date	

Please return a copy of this contract to the Registrar's Office (O'Hara Hall) and Center for Teaching and Learning Excellence (LSC 575).

- Faculty Members should keep the original for their records.
- ◆ The Registrar's Office will notify the CTLE on how many students per faculty are participating.