

STUDENT/FACULTY TEACHING MENTORSHIP PROGRAM CONTRACT

Complete Parts I, II, and III and return a **COPY of both sides** to the Registrar's office, St. Thomas 301, no later than the last day for Drop/Add for the term/semester. Faculty members should keep *the* **ORIGINAL** contract for their records and send a copy to the CTLE (STT 575).

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

Name: _____ Royal ID: _____

Local Address: _____
(Provide Box Number for Dorms)

City: _____ Zip: _____ Phone: _____

Contract Term/Year: _____
(Fall, Intersession, Spring, or Summer)

II. **SIGNATURES**

The undersigned agrees to the work as described on the reverse of this form:

STUDENT

FACULTY MEMBER

Print Name

Print Name

Signature

Signature

Date

Date

Faculty Member's SSN

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.

III. TEACHING MENTORSHIP PLAN (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:

IV. EVALUATION (To be completed at end of contract period)

Student evaluation of teaching mentorship experience:

Faculty assessment of student performance:

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

Did the student fulfill the mentorship contract?

_____ Yes

_____ No

Signature

Date _____

**RETURN a *COPY* of this Contract to the REGISTRAR'S office (St. Thomas, Room 301)
and
Center for Teaching and Learning Excellence (St. Thomas Hall, Room 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.