

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 and send a copy to the CTLE (LSC 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 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.

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

_____ Date _____

Signature

**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.