Mentee and Mentor Program Agreement
Academic Year 2015/16

Mentee Name: __________________________  Position: __________________________
Department: __________________________  Years of Service: __________________
Office Phone: __________________________  ISU Email: _______________________

Mentor Name: __________________________  Position: __________________________
Department: __________________________  Years of Service: __________________
Office Phone: __________________________  ISU Email: _______________________

Meeting Guidelines

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Time of Day</th>
<th>Number of Hours</th>
<th>Meeting Location</th>
<th>Frequency/Month</th>
</tr>
</thead>
</table>

We will give our mentoring partner ________ hour(s) notice if an unforeseen situation arises and we are not able to meet the logistical commitments agreed upon above.

Mentee Goals

1. __________________________________________________________________________
   __________________________________________________________________________

2. __________________________________________________________________________
   __________________________________________________________________________

3. __________________________________________________________________________
   __________________________________________________________________________

Participants agree to establish guidelines and limits surrounding the sharing of personal/confidential information. Establishing clear boundaries is an important step towards building trust in the relationship. By signing this program agreement, you agree the discussion and information exchanged within will be kept confidential, unless permission is granted by the sharing party.

Participant and Supervisor Signatures

Mentee: __________________________ Date: __________________________
Mentee Supervisor: __________________________ Date: __________________________
Mentor: __________________________ Date: __________________________
Mentor Signature: __________________________ Date: __________________________