Student/Faculty/Professional Staff Mentorship Program Contract

Academic Success Center/Disability Resources

Savitz Hall
Suite 304
201 Mullica Hill Road
Glassboro, NJ 08028
856-256-4259

Please complete parts 1, 2, and 3 and return a **COPY OF BOTH PAGES** to the Rowan Office of Disabilities. Faculty/Professional Staff members should keep the **ORIGINAL** contract for their records.

1. BACKGROUND INFORMATION (to be completed by student)

Name: _____ Banner ID #: _____

Address: _____

City: _____ Zip: _____

Telephone: _____ E-mail: _____

Contract Term/Year: _____

2. TEACHING MENTORSHIP PLAN (to be completed by student and faculty /professional staff member)

Briefly describe the faculty/professional staff mentorship goals:

_____

_____

_____

_____

_____

Describe tasks that will be undertaken in connection with the above goals:

_____

_____

_____

_____

_____

Describe mentoring activities:

_____

_____

_____

3. SIGNATURES

The undersigned agrees to the goals, tasks and activities described on the first page of this form:

STUDENT

Print Name: _____

Signature: _____ Date: _____

FACULTY MEMBER/PROFESSIONAL STAFF

Print Name: _____ Department: _____

Signature: _____ Date: _____

4. EVALUATION (to be completed at the end of contract period)

Student evaluation of Faculty/Professional Staff mentorship experience:

_____

_____

_____

_____

Faculty/Professional Staff assessment of student performance:

_____

_____

_____

_____

V. Final Verification (to be completed by the faculty/professional staff member at end of contract period)

Did the student fulfill the mentorship contract?

Yes: _____ No: _____

Signature: _____ Date: _____

Return a COPY of this form to:
John Woodruff
Academic Success Center
Rowan University
201 Mullica Hill Road
Glassboro, NJ 08028-1701
Fax: 856-256-4438
Phone: 856-256-4234
Email: Woodruff@rowan.edu