Student-Mentor Contract

Semester: Fall 2015

Name: ________________________________________________

X-number: ____________________________________________

Purpose of this contract: To assist in establishing open communication between you and your mentor by defining ground rules and each other’s expectations.

Instructions: Please review and complete the following with your mentor by September 7, 2015. Then sign below. Submit a copy of the completed form to David Voorhees, SCI room 230, by September 14, 2015.

1. Exchange contact information

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<th>Student</th>
<th>Mentor</th>
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<td>Phone 2:</td>
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<td>Other:</td>
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2. Anticipated mentoring meeting schedule:

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<th>Time</th>
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3. Schedule change and absenteeism policy:
   a. If I cannot make our appointment, I will let my mentor know no less than _____ hours before the appointment. If my mentor cannot make our appointment, he/she will let me know no less than _____ hours before the appointment.
   b. If I missed 2 appointments without informing my mentor in advance, I will automatically be dropped from the program. If my mentor misses 2 appointments without advanced notice, I may request a mentor reassignment.

4. Academic progress:
To ensure I am on track for academic success, I will ask instructors of my current classes to complete the Midterm Progress Report. I will speak with my mentor about ways to improve my academic performance, if I am receiving a grade of C or less in a course or if I am not performing as well as I expected. I give permission for my mentor and program personnel to review my midterm grades and transcript to help me identify appropriate strategies to succeed.

5. Expectations:
   a. My expectations of my mentor are:
   b. Mentor’s expectations of me are:

Principal Investigator
David Voorhees  Assoc Prof Earth Sci/Geology
(630) 466-7900 ext. 2783
dvoorhees@waubonsee.edu

Co-Principal Investigator
Danielle DuCharme  Assoc Prof Biology
(630) 466-7900 ext. 2345
ducharme@waubonsee.edu

Co-Principal Investigator
Amy Frankel  Assoc Prof Mathematics
(630) 466-7900 ext. 2554
afrankel@waubonsee.edu
6. If a problem arises between me and my mentor, I will:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

My mentor will:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

7. Mentor Reassignment:
Under certain circumstances such as a major schedule conflict, I may request a mentor reassignment.

8. Confidentiality/Reporting policy:
a. All conversations between me and my mentor will be kept confidential and may only be shared with the program coordinator to provide me the best possible support.
b. My mentor may inform appropriate authorities if I might hurt myself or others, or if I conduct any illegal activity.

9. I will submit the following required documents to David Voorhees, SCI 230:
c. By Dec 7, 2015
   i. Signature Form
   ii. End of Semester Evaluation
   iii. Goals Form

10. Important dates to save on my calendar:
* All students seminar ___ Sept 11 _____ from 11:00 a.m. to 1:00 p.m. in STC 106
* All students seminar ___ Oct 9 ______ from 11:00 a.m. to 1:00 p.m. in STC 106
* All students seminar ___ Nov 13 ______ from 11:00 a.m. to 1:00 p.m. in STC 106
* See other STEM-related activities at http://www.waubonsee.edu/STEM

11. Bring any questions or concerns to the attention of David Voorhees, 630-466-7900, ext. 2783, or dvoorhees@waubonsee.edu

Student
I agree to give our relationship an honest effort. I will cooperate with my mentor and be truthful. I will return all telephone calls and emails. I will do my best to be ready for all our appointments. I will be willing to try new activities and learn new things. I have read, discussed, completed the above form with my mentor, and agree to adhere to its contents as a condition of participation in the STEM Scholars Program.

Mentor
I agree to give our relationship an honest effort. I will listen to the feelings of my mentee, and respect his/her point of view. I have read, discussed, completed the above form with my student, and agree to adhere to its contents as a condition of participation in the STEM Scholars Program.

Signature
_____________________________________________________________

Name
_____________________________________________________________

Date

Signature
_____________________________________________________________

Name
_____________________________________________________________

Date

Please make 2 copies of this document, one for student, one for mentor; original to David Voorhees, SCI 230.