

Mentee Name: _____

Mentor Name: _____

Date: _____

To be completed with your mentor/mentee.

We are voluntarily entering into a mentoring relationship from which we both expect to benefit. We want this to be a rich, rewarding experience with most of our time together spent in career development activities. To this end, we have mutually agreed upon the terms and conditions of our relationship as outlined in this agreement.

Objectives

We hope to achieve: _____

We will accomplish this by: _____

Confidentiality

The mentoring relationship involves absolute trust. All conversations between mentors and mentees are treated as confidential. The Mentee may grant limited exceptions. Thus, any sensitive issue that we discuss will be held in confidence. Issues that are off-limits in this relationship will include:

Frequency and Scheduling of Meetings

We will attempt to meet at least _____ (fill in amount) of times each month. If we cannot attend a scheduled meeting, we agree to be responsible and notify our partner.

Scheduling meetings can be challenging. Our plan to ensure we schedule meetings with one another is:

Mizzou ADVANCE will treat responses to this form in a confidential manner.

Duration

We have determined that our mentoring relationship will continue as long as we both feel comfortable or until:

Graceful Exit Clause

If one of us needs to terminate the relationship for any reason, we agree to abide by the decision of our partner.

Mentor

Mentee

Date

Date

Please return the agreement to:

Mizzou ADVANCE
University of Missouri
325 Strickland Hall
Columbia, MO 65211
MizzouADVANCE@missouri.edu
573-882-8232 (phone)
573-884-1563 (fax)