

# 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.

## 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 t

