



Alumni Mentoring Program Agreement

Mentor/Mentee Expectations:

1. List what you would like to get out of the program. (one or two points)

2. List the ways in which you are willing to communicate. (ex. phone, e-mail, etc.)

3. Please confirm you are willing to commit to communicating one to two times per month with your mentor/mentee.

4. How will you address a cancelled meeting?

I, _____, agree to adhere to the above expectations discussed by both myself and my mentor/mentee. I understand that the Alumni Mentoring Program runs from November to May through SUNY Morrisville. Additionally, I will hold myself in a professional manner by respecting the time of my mentor/mentee and coming prepared for each meeting.

Mentor's Signature

Date

Mentee's Signature

Date