Information Literacy Mentor Program
Mentor/Student Contract

Mentor Name: ________________________________________________________________

Student Name: ______________________________________________________________

Academic Semester: __________________________________________________________

Description: In support of the University of the District of Columbia’s (UDC’s) General Education Curriculum and iDiversity’s commitment to relationship building and community engagement within the information profession at large, both the mentor and the student have agreed to participate in the Information Literacy Mentor Program. This contract serves as a template for each student/mentor pair to establish goals and plans for their mentorship.

Expectations: This program is designed to support the goals and standards of UDC’s General Education curriculum. It is imperative that both the student and the mentor understand that this mentorship is a serious commitment. Professionalism and courtesy from both parties are necessary for the experience to be effective.

Obligations: Due to the highly individualized nature of each mentorship, both the student and the mentor are responsible for setting mutually agreeable terms and meeting the program requirements.

1. Each student/mentor pair must meet for a minimum of two hours per month, specifically one hour for every two-week period. Additional meeting time beyond the required two hours is at the discretion of the student and mentor, and is encouraged.
2. The student and the mentor must commit to the mentorship for a **minimum** of one academic semester.

3. The student and mentor will determine the meeting structure in accordance with their respective schedules, and will strive to keep their appointments with one another.

4. Students and mentors must be available and responsive to each other via agreed upon communication channels.

**Program Goals:** Please use this section to explain what you hope to accomplish through this mentorship. Consider goals for the research project as well as the overall mentorship experience.

1. Through this partnership, the student hopes to:
   A. 
   B. 
   C. 

2. Through this partnership, the mentor hopes to:
   A. 
   B. 
   C. 

**Communications:**

**Meetings:** Requirements for this program can be satisfied with either in-person meetings; online via web services such as Skype or Google+ Hangouts; or a combination of the two. Please indicate the preferred method of meeting:

   [ ] We will meet primarily in-person
   [ ] We will meet primarily online
[ ] We will meet both in-person and online

Contact Information: In the event a meeting must be cancelled, or the student needs to contact the mentor for assistance with the online modules or with research questions, please indicate at least one method of contact:

[ ] Phone Call
   Mentor’s phone number: ______________________
   Student’s phone number: ______________________

[ ] Text Messaging
   Mentor’s phone number: ______________________
   Student’s phone number: ______________________

[ ] Email
   Mentor’s email address: ______________________
   Student’s email address: ______________________

[ ] Instant Messaging (i.e. GChat, Yahoo! Messenger, etc.)
   IM service used: ______________________
   Mentor’s IM information: ______________________
   Student’s IM information: ______________________

[ ] Video Messaging (i.e. Skype, Google+ Hangouts, etc.)
   Video service used: ______________________
   Mentor’s information: ______________________
   Student’s information: ______________________

By signing this document you agree to the terms outlined in the Mentor/Student contract.

Student Name: ___________________________________ Date: __________

Signature: __________________________________________

Mentor Name: ___________________________________ Date: __________

Signature: __________________________________________

Please submit completed contracts to Kimberly White at kwhite1184@gmail.com.