**AAMP Mentorship Agreement**

# Contact Information

**Mentor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mentee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of the Agreement**

This agreement is designed to help mentors and mentees document mutually agreed-upon goals and expectations that will serve as the foundation of their relationship. It is a flexible template and may be adapted to fit individual needs. Please keep a copy in your records for future review. Once completed, please share a copy with the AAMP Co-Chairs.

# Mentorship Goals

What you hope to achieve as a result of this relationship (e.g., gain perspective on skills for success in advising, increase knowledge of organizational culture, strengthen professional network, etc.):

Specific strategies or actions (e.g., meeting regularly, shadowing opportunities, identifying resources, practicing independence, etc.):

# Meeting & Communication Plan

* **Frequency:**
	+ ☐ Weekly
	+ ☐ Biweekly
	+ ☐ Monthly
	+ ☐ Other: \_\_\_\_\_\_\_\_\_\_\_
* **Duration:** \_\_\_\_\_\_\_ minutes
* **Location/Format:**
	+ ☐ In-person
	+ ☐ Zoom
	+ ☐ Hybrid

Outside of regular meetings, what is the best way to stay in touch? (e.g., email, phone, text, Teams/Slack, etc.):

# Other Needs / Commitments

*Any additional requests or agreements:*

# Success Criteria

*How we will know this mentorship is successful:*

We agree to the above plan and will review and update this agreement together at the midpoint of the program.

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_
Mentee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_