

STUDENT MENTORING AGREEMENT

Name of the Mentor	
Department	
Name of Mentee	
Programme	
Date	

- I agree to take part in the University Mentoring Programme until end of the course. However, I am aware that I can finish the Mentoring relationship at any time by notifying my Mentor that I wish to withdraw from the Scheme
- I have read and understand the University Mentoring Policy and I know which areas of my University life my Mentor will help me with.
- I understand and agree to follow the Schools/Departments/Centers Mentoring Confidentiality Policy and have signed a copy.
- I will meet with my Mentor once every (*vary as appropriate*) two weeks for 30 minutes. We will meet in the Schools/Departments/Centers on University working hours.
- I am happy for my Mentor to make brief notes of our meetings

If I have concerns about any aspect of the Peer Mentoring programme I will speak to my Head of the Department of the Schools/Departments/Centers.

Email	
Schools/Departments/Centers mail system	

MENTEE RECORD

Name		Photo
Date of Birth		
Nationality		
State		
Native District		
Native Thaluk		
Native Village		
Languages Known		

Programme					
School/Department					
Student ID					
Gender	Male	Female	Transgender		
Religion	Caste		Sub caste		
Address for communication	Present		Permanent		
Mobile number					
Email ID					
Parents details	Fathers Name		Mothers Name		
	Occupation		Occupation		
	Mobile Number		Mobile Number		
Guardian details	Name		Address		Mobile number
Marital status	Married		Unmarried		Others
	Spouse Name				
	Occupation				
Educational Qualifications					
Degree/Deploma	Board/university		Name of the institution	Year of Passing	Grade
SSLC/10 th level					
Predegree/12th					
Graduation					
Post Graduation					
M.Phil.					
NET/JRF					
Ph.D.					
PDF					
Any other					
Teaching/ Professional Experience					
Institution	Post		From	To	Total
Personal Details					
Blood Group					
Any physical impairment	Physical		Visual	Auditory	Any other
Are you under any medication					
Any other relevant					

information to communicate				
Signature of Mentee				
Name and signature of the mentor assigned				
Name and signature of the Head of the Schools/Departments/Centers				

RECORD ON MENTOR –MENTEE MEETING

Name of the Mentor			
Department			
Name of Mentee			
Programme			
Date			
Topics Discussed	<ol style="list-style-type: none"> 1. Academic 2. Professional 3. Personal 4. Any other 		
Action taken/needed	<ol style="list-style-type: none"> 1. Career counseling 2. Personal counseling 3. Advised for Medical support 4. Asked to meet consult expert 5. Any other 		
Feedback of Last meeting			
Name and signature	Mentor	Mentee	

STUDENT MENTORING EVALUATION

Name of Mentor	
Programme	
Head of the Schools/Departments/Centers	
Date	
Mentoring Start date: End date:	
Number of meeting held:	
Did you keep in contact between meetings:	by e-mail; by text; by phone?
How frequently?	

Do you feel that you have made a positive difference to your mentee? Please give some examples:	
Do you feel you have gained from being part of the mentoring programme? Please give some examples:	
Did you have any difficulties in taking part in the programme? Please give some examples:	
Name Signature	