**Mentor Program Plan**

*This form is meant to serve as a mutually agreed upon commitment for your mentoring relationship. It is also meant to be revisited and revised as the year progresses. Thanks again for your participation in the UBSSW Mentor Program!*

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

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

1. **We plan to communicate via (select all that apply):**

\_\_\_ Face-to-Face \_\_\_ Phone Calls \_\_\_ Text Messages \_\_\_ E-mails \_\_\_ Skype (or similar)

1. **We plan to communicate:**

\_\_\_ More than once a week \_\_\_ About every week \_\_\_ About 2-3 times a month

\_\_\_ About once a month \_\_\_ About 2-3 times a semester \_\_\_ About once a semester

1. **Possible activities we plan to engage in (i.e., informal conversations, informal meetings, research projects, volunteering, school events, professional networking, community events, etc.):**
2. **Please list dates you plan to connect, communicate, or meet over the next two months (include date, time, and possible activity):**
3. **List at least three mutual goals for the year:**
4. **What date will you revisit this plan?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures (or initials)**

Mentor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_