

STUDENT/FACULTY TEACHING MENTORSHIP PROGRAM CONTRACT

Complete Parts I, II, and III and return a copy of both sides to the Registrar's Office, O'Hara Hall no later than the last day for drop/add for the semester. Faculty members should keep the original contract for their records.

I. BACKGROUND INFORMATION (to be completed by student.)

Name: _____ Royal ID: _____

Local Address _____
(Provide Box Number for Dorms)

City: _____ Zip: _____ Phone: _____

Contract Term/Year: _____
(Fall, Intersession, Spring, or Summer)

II. SIGNATURES

The undersigned agrees to the work as described on the reverse of this form:

STUDENT

FACULTY MEMBER

Print Name

Print Name

Signature

Signature

Date

Date

Faculty member's Royal ID

Department

(SFTMP Course Code will be the same as t

