Student-Postdoctoral Mentorship Guidance Agreement

Overview:
This form is provided to inform students and their postdoctoral mentors about the expectations of both parties during the mentoring process. Both parties are expected to adhere to the guidelines and the specified time periods.

Purpose:
1. To specify activities in which the graduate student and postdoctoral mentor will participate during the year.
2. To establish a record of scheduled activities.
3. To clarify expectations and responsibilities of both the graduate student and postdoctoral mentor.

Procedure:
1. The graduate student and postdoctoral mentor should decide upon a mutually agreeable schedule of visits and activities.
2. After the agreement is signed, a copy should be scanned/photographed by the student and sent to Gloria Galvan (GGalvan1@mdanderson.org) on or before November 28, 2016. Please use the Subject Title: AMBR Mentorship Agreement.

Agreement:
As a mentor and mentee in The University of Texas Graduate School of Biomedical Sciences at Houston, we agree to abide by the following set of guidelines:

1. Commit to making the time to meet on a regular basis, as necessary.
2. Keep the content of conversations confidential.
3. Participate in active listening.
4. Provide each other with honest, direct and respectful feedback.
5. This agreement can be terminated at the request of either party by contacting Gloria Galvan or any of the other AMBR Officers.
6. This agreement expires in one year with the possibility of renewal; if the agreement is not renewed, the mentorship may continue on an informal basis.
7. The postdoctoral mentor will be provided with valuable mentoring experience (letter of reference will be available upon request from Dr. Bean).
8. The goal of both parties will be to guide the mentee toward scholarly independence while providing the postdoctoral mentor with mentorship experience.
9. Both the mentor and mentee will acknowledge this agreement.

Contacts: Gloria Galvan email: GGalvan1@mdanderson.org
AMBR Officers email: gsbs_ambr@uth.tmc.edu
Name of graduate student: ____________________________________________________

Name of Mentor: ____________________________________________________________

Institution: ________________________________________________________________

Department: ______________________________________________________________

Mentor contact information (email): ____________________________________________

Semester and year of mentorship: _____________________________________________

Proposed Schedule of Mentoring (MM/YY):

Visit One ______________________________________

Description:

Visit Two ______________________________________

Description:

Visit Three ______________________________________

Description:

Visit Four ______________________________________

Description:

Additional Visits __________________________________

We, the undersigned, have agreed that completing the above schedule of visits and activities is a reasonable goal for the year.

________________________________________
(Signature of graduate student)
Date ______________

________________________________________
(Signature of mentor)
Date ______________

Contacts: Gloria Galvan  email: GGAlvan1@mdanderson.org
AMBR Officers  email: gsbs_ambr@uth.tmc.edu