UC Blue Ash College Honors Program

Self-Designed Experience

**Mentor Agreement Form**

Experience Title:

Planned Dates of Experience:

Student Name:

UC ID:

Email Address:

Mentor Name:

Department and/or Employer (if not UC faculty/staff):

Email Address:

I hereby agree to serve as a mentor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the above titled Self-Designed Experience. The student and I have agreed on the parameters for Experience, as well as a reflection plan and overall learning goals

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Mentor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date