



**Future Faculty Development Certificate &  
Provost's Fellowship for the University Libraries  
Mentorship Plan  
University of Colorado Boulder**

This agreement must be completed, signed and returned to the Center for Teaching & Learning. Completion of this agreement will define the parameters of the mentorship opportunity and help ensure a high-quality experiences and satisfaction among all parties involved.

Please read the responsibilities associated with this mentorship carefully and obtain the required signatures before submitting the form to the Center for Teaching & Learning, either electronically or in print form. If you have questions, please contact Professional Development Lead, Preston Cumming at [preston.cumming@colorado.edu](mailto:preston.cumming@colorado.edu).

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Discipline: \_\_\_\_\_  
Degree Sought: \_\_\_\_\_  
Expected Graduation Date: \_\_\_\_\_

**HOST INSTITUTION (Mentor) INFORMATION Institution**

Name: \_\_\_\_\_  
Faculty Mentor Name: \_\_\_\_\_  
Faculty Mentor Title: \_\_\_\_\_  
Mentor Email Address: \_\_\_\_\_

**MENTORSHIP INFORMATION**

Beginning Date: \_\_\_\_\_  
Ending Date: \_\_\_\_\_  
Hours per week: \_\_\_\_\_

**Mentorship Plan**

Please describe your mentorship position and your associated duties:

What do you hope to learn from this experience?

How are you going to accomplish your learning objectives? Please discuss projects, readings, writings or other activities you will do as part of your mentorship experience.

How will you evaluate your learning experience? What evidence you will you provide to document your accomplishments?

How will your faculty mentor evaluate you? Please describe the frequency of the evaluation and the methods the mentor will use.

Please provide a brief description of monthly learning objectives and milestones:

### **Responsibilities of FFD Fellow, Faculty Mentor, and CTL staff under this Agreement**

By signing this agreement, each individual agrees to discharge the responsibilities associated with his or her role.

#### **FFD Fellow**

As an FFD Fellow, I agree to the following:

1. Perform tasks assigned to me by my faculty mentor to the best of my ability, which are related to both the learning objectives and responsibilities of the position.
2. Follow the rules, regulations and requirements of the host institution.
3. Notify the CTL of any changes that must be made to the mentorship plan or any problems that develop during the mentorship experience.
4. Write a Socratic Portfolio that includes a reflective narrative placing the mentorship in the context of my personal and professional development.

**Faculty Mentor**

As the faculty mentor, I agree to the following:

1. Provide the necessary orientation, training, safety instructions, supervision, and evaluation associated with the performance of the student’s position responsibilities as listed above.
2. Upon completion of the mentorship, submit a formal evaluation of the FFD Fellow that takes into account the goals, project, presentation, quality of work and accomplishments that took place during the mentorship experience.

**CTL Staff**

As the CTL Staff, I agree to the following:

1. Act as a liaison between the student and the host institution.
2. Assist the FFD Fellow and faculty mentor in resolving any problems that may arise.
3. Help the FFD Fellow write plans specifying measurable learning objectives when requested.

All parties agree to assume these responsibilities for the duration of the mentorship experience. By signing, all parties agree that the Mentorship Plan is complete so that the Center for Teaching & Learning can endorse the student’s placement and the placement is considered “sponsored” by the University of Colorado Boulder.

Please secure signatures in the sequence indicated.

Student: \_\_\_\_\_

Date of Student Signature: \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_

Date of Faculty Mentor Signature: \_\_\_\_\_

CTL Staff: \_\_\_\_\_

Date of CTL Staff Signature: \_\_\_\_\_