

# Women's Studies Senior Project Mentor Agreement

Student name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Campus address: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Provisional project title: \_\_\_\_\_

Brief project description: \_\_\_\_\_

*I understand that it is my responsibility to seek the advice and input of my faculty mentors as appropriate during the semester and to arrange in consultation with them the due dates for handing in draft work and final projects. Evaluation meetings with both faculty mentors must occur by the last day of final exams and grades must be submitted to the Women's Studies office by senior grade deadline.*

**Final Project Due Date:** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## FACULTY MENTOR

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

Campus address: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

*I agree to advise the above mentioned student on her/his Women's Studies senior project, meeting with the student as appropriate during the semester and for an evaluation discussion upon completion of the work.*

**Faculty mentor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## FACULTY MENTOR

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

Campus address: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

*I agree to advise the above mentioned student on her/his Women's Studies senior project, meeting with the student as appropriate during the semester and for an evaluation discussion upon completion of the work.*

**Faculty mentor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_