



CTX Mentoring Program

Mentor Information

Name:	
Department:	
Contact Phone:	
E-mail Address:	
Department Chair/Advisor:	
Mentee:	

Responsibilities and guidelines:

As a mentor in this program, my responsibilities include the following:

- ❖ Establish an ongoing relationship, for the agreed upon duration, with my mentee, based on mutual respect and trust.
- ❖ Provide constructive feedback that could include new ideas, practices, and strategies.
- ❖ Commit to contact (email, phone, online, face-to-face) with my mentee.
- ❖ Share experiences and skills, communicate the challenges and lessons learned when teaching, and allow mentee to observe/review my teachings (as appropriate).
- ❖ Invest time to help my mentee learn, grow, and develop as an instructor.

I pledge to commit to my mentee for the duration of:

- One-time Project Date: _____
 A Semester Term Date (e.g., fall 2013): _____
 Entire School Year Academic Year (e.g., 2012-2013): _____

I agree to the responsibilities listed above and to remain an active member through the above selected duration of the Mentoring Program, abiding by all guidelines and responsibilities until the completion date.

Signature: _____

Date: _____

Campus Contact:

David Betancourt, CTX *Coordinator*
dbetancourt@cerritos.edu
 Phone: 562-860-2451 x2631

Monique Valencia, CTX
mvalencia@cerritos.edu
 Phone: 562-860-2451 x2797



CTX Mentoring Program

Mentee Information

Name:	
Department:	
Contact Phone:	
E-mail Address:	
Department Chair/Advisor:	
Mentor:	

If there are certain qualities/characteristics/experiences you would like to see in your mentor, we will do our best to make an appropriate match. Below are some possibilities. Please check all that apply. I would like a mentor who:

- Is male
- Is female
- Is actively involved in research
- Has been recognized as an Outstanding Faculty Award Recipient
- I have pre-selected
- Other (please indicate below)

Is there a specific skill, methodology, or training you are seeking?

I agree to remain an active member through the duration of the Mentoring Program and to abide by all guidelines and responsibilities until the completion date.

Signature: _____

Date: _____

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