

# Atlantic Cape Community College

## Faculty Mentorship Program – Mentor Payment Form

*Faculty mentors will receive payment at the end of the semester in which they served as a faculty mentor. Please note, payment for course observations should be requested through the appropriate forms.*

**Faculty Name: (Mentor)**

**Faculty Name: (Mentee)**

**Please submit a minimum of two weeks of final contact with the mentee.**

FALL COURSE MENTORED and YEAR:

Date of September remote or personal contact

Date of October remote or personal contact

Date of November remote or personal contact

Date of December remote or personal contact

SPRING COURSE MENTORED and YEAR:

Date of January remote or personal contact

Date of February remote or personal contact

Date of March remote or personal contact

Date of April remote or personal contact

Date of May remote or personal contact

**Amount: \$150**

**Amount: \$50 (Returning)**

Faculty Signature (Mentor):

Date:

Department Chair/Director/Dean Signature:

Date: