



## Make a Difference, Be a Mentor

### Qualifications

- Must hold a master's degree
- Have at least three years experience in the mentor's current position
- Be committed to the candidate's successful completion of degree objectives

### Responsibilities

- Assists candidate as-needed to complete site-based activities (i.e. facilitating access to school sites, archives and personnel as needed)
- Facilitates communication with student and university supervisor for capstone objectives
- Evaluates candidate's internship experience and program portfolio upon capstone completion
- Maintains communication with university personnel and candidate as-needed

### What's Next

- Complete and submit the form to the right.
- Please forward specific questions regarding the mentor program to the [chairman of the Department of Educational Leadership, Curriculum, and Special Education](#).
- Prepare to mentor and watch the candidate evolve.

**\* If you have trouble submitting this form, type: 'chrome://plugins' into your address bar and click enter. Once you do this, under 'Plugins', make sure Chrome PDF Viewer is enabled and the 'Always Allowed' button is checked.**

To become a mentor, please complete and submit the following:

### Applicant

Applicant's Name:\*

Applicant's ID Number:

Applicant's Intended Program:\*

Applicant's Date of Birth:\*

(mm/dd/yyyy)

Applicant's Email Address:\*

### Mentor

Mentor's Name:\*

Mentor's Current Position:\*

[Acceptable Mentors List](#)

Mentor's School and District:\*

Number of Years of Building-Level Administrative Experience:\*

Number of Years of District-Level Administrative Experience:\*

Number of Years of Teaching Experience:\*

Highest Degree of the Mentor:\*

**Are you certified in the following areas?:**

In the Applicant's Intended Field of Study?\*

As a Building-Level Administrator?\*

As a District-Level Administrator?\*

In Special Education?\*

In Gifted/Talented Education?\*

In Curriculum?\*

Mentor's Email Address:\*

### Statement of Agreement

\*I, \_\_\_\_\_, agree to mentor

throughout the duration of the on-line degree program.

*By submitting this form, I am agreeing that I meet all the qualifications and agree to the responsibilities described by the Mentor Program.*

Thank you,  
Office of Academic Partnerships

Submit