PART I: STUDENT/MENTEE DEVELOPMENT PLAN. The SHADES cross-cultural graduate peer mentoring program is designed to encourage and develop intercultural competencies and identities. A combination of one-to-one peer mentoring and small-group discussion sessions, augmented by professional development and social engagement programming, offers a platform to embrace and discuss the roles of identity in academia and society, seek out peers with shared social or cultural identities, and explore the intersections of identity, learning and public discourse. *This form should be filled out front and back, signed by both mentor and mentee during first meeting, and turned in to INTERDISCIPLINARY BUILDING B, Suite 285, Attention of Program Manager, Mentoring Initiatives or scanned to GradMentor@asu.edu.*

The following are the primary mentoring goals of our relationship:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

We agree to assess the progress of our mentoring relationship on the following date: ___/___/_____, as well as at the end of each semester. At that time, we may enter into a new mentoring agreement if mutually agreed. If we decide to end the partnership prior to the scheduled conclusion, we will do so with appropriate closure by notifying SHADES Program Manager.

In order to meet our mentoring goals, we agree to meet (select one):

- Weekly
- Bi-weekly

Each meeting will last approximately (select one):

- 30 minutes
- 30 – 60 minutes (recommended)

An integral part of mentoring is fostering professional development, community engagement, and identity navigation. In order to meet our mentoring goals, we agree to attend the following to augment our one-on-one meetings (select one):

- Attend 1-2 ASU or GradConnect-sponsored community engagement opportunities per semester
- Attend 3+ ASU or GradConnect-sponsored community engagement opportunities per semester

PART II: MENTORING AGREEMENT

Because successful mentoring relationships necessarily involve a certain degree of self-disclosure and trust, we agree to the following expectations regarding openness, honestly, confidentiality, boundaries, etc.:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

As participants in the SHADES cross-cultural graduate mentoring program, we have read the Program Expectations form and agree to adhere to the following expectations (each check beside each statement to agree):

- Both mentor and mentee will maintain enrollment and good academic standing in their academic programs as defined by ASU.
- Mentor/mentee will notify Graduate College of any interruptions in enrollment or concerns about academic standing.
- We will meet minimally twice per month during the academic year.
- We will attend at least one GradConnect community engagement opportunity together per semester.
- We each agree to notify SHADES staff if we have difficulty contacting our mentor/mentee.
Graduate College Mentoring Network

SHADES Mentoring Agreement

1. We each will review the ASU Student Code of Conduct at https: www.asu.edu/srr/code and university FERPA requirements at https://students.asu.edu/policies/ferpa.

2. We will adhere to the following guidelines in scheduling meetings:
   1. Meet in public places (i.e. on-campus locations, coffee shops, restaurants)
   2. Note that meetings in private residences are strongly discouraged

By signing, we understand what is expected of us as voluntary SHADES participants. This document serves as our contract for participation. Any changes to this contract or its terms will be reported to the Graduate College in writing (delivered to INTERDISCIPLINARY B 285 or emailed to GradMentor@asu.edu).

______________________________  __________________________  ___/___/______
Mentee name (printed)        Mentee name (signed)        Date

______________________________  __________________________  ___/___/______
Mentor name (printed)        Mentor name (signed)        Date

PART III: MODEL AND INFORMATION RELEASE

I grant permission to the Arizona Board of Regents (ABOR), on behalf of Arizona State University (ASU) and its agents or employees, to copyright and publish all or any part of photographs and/or motion picture and/or voice recordings and/or written/spoken statements taken of me during SHADES events and for use in university publications, including printed, moving, audio and electronic, all exhibitions, public displays, publications, commercial art, and advertising purposes in any media without limitation or reservation. I hereby waive any right to inspect or approve the finished photographs/motion pictures/voice recordings/written/spoken statements or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to be or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs/motion pictures/voice recordings/written/spoken statements.

I hereby agree to release, defend, and hold harmless ABOR, on behalf of ASU and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, in motion pictures, or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs/motion pictures/voice recordings/written/spoken statements, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. It is the discretion of Arizona State University to decide whether to use the image.

I am 18 years of age or older, and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing before signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

MENTOR □ Agree □ Disagree    Signature: __________________________________________  Date: ___/___/______

MENTEE □ Agree □ Disagree    Signature: __________________________________________  Date: ___/___/______

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