**Mentoring Partnership Agreement**

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| As mentor and mentee, we agree to participate in a faculty mentoring partnership. In order to ensure that our relationship is a mutually rewarding experience we agree to abide by the following guidelines: |
| 1. Commit to making time to meet regularly.
2. Maintain confidentiality in the relationship.
3. Honor the ground rules, responsibilities, and goals we develop.
4. Provide regular, honest feedback and evaluate our progress.
5. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Faculty Mentor’s signature Date

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 Faculty Mentee’s signature Date

*Indiana University School of Medicine Faculty Mentoring Resource Website, Office of Faculty Affairs and Professional Development* [*http://faculty.medicine.iu.edu/mentoring*](http://faculty.medicine.iu.edu/mentoring)