## Atlantic Cape Community College Faculty Mentorship Program – Mentor Payment Form

• •	nd of the semester in which they served as a faculty mentor. should be requested through the appropriate forms.
Faculty Name (Mentor):	
Faculty Name (Mentee):	
Please submit a minimum of two weeks of fina	al contact with the mentee.
Fall Course Mentored (year):	
Month	Date
September	
October	
November	
December	
Spring Course Mentored (year):	
Month	Date
January	
February	
March	
April	
May	
Amount: \$150 Amount: \$50 (Returning)	
Faculty Signature (Mentor):	
Date:	
Department Chair/Director/Dean Signature:	