

**PAUL SMITH'S COLLEGE
CAPSTONE PROJECT MENTOR AGREEMENT**

_____Mentor

Address City

State Zip Code Phone (business) (home)

E-mail Fax

The person named above agrees to serve as a Mentor for the Capstone Project for the following student(s), listed by name and PSC ID number: (attach sheet with additional names if necessary)

_____ ID# _____
_____ ID# _____
_____ ID# _____

from _____ to _____ (est. dates), for which s/he will be paid \$ _____ according to the schedule listed below. Payment will be made at the end of the semester the Capstone Project is completed and the Mentor's responsibilities have been fulfilled. On a separate sheet, please provide a brief description of your interests and experience related to the students' Capstone Projects you will mentor.

Compensation for Mentors:

Individual student	\$250
Student groups	\$250 for the 1 st student
	\$150 for each additional student up to 3
	\$100 for each student over 3

Signature of Mentor

Signature of Capstone Coordinator

Date

Date

Signature of Associate Provost

Date

Distribute: Office of Academic Affairs
Capstone Coordinator
Payroll (faculty)
Accounts Payable (non-faculty)