Teacher Education Services
University of Montevallo
205-665-6352
croberson@montevallo.edu

Instructional Leadership Mentor Agreement Form

I agree to serve as a mentor and supervise a graduate student completing residency in the Instructional Leadership program at the University of Montevallo. During this period, I will support the student during the residency period and agree to comply with the policies and practices outlined in the *University of Montevallo Instructional Leadership Handbook* which may be found online at https://www.montevallo.edu/grad-programs/instructional-leadership-m-ed/

I understand that, for my cooperation, I will receive a course voucher good for the semester after residency is complete. If residency occurs in the Fall semester, the voucher must be used in the following Spring semester. If residency occurs in the Spring semester, the voucher may be used in one of the following Summer terms or in the following Fall semester. Vouchers are not valid for the EdD program. This covers tuition only; I understand that I will be responsible for fees and books.

To be completed by the residency mentor:

Year: _____ Term of Residency: Fall _____ Spring _____

Mentor Name: _____

TCert#: _____ (can be found at https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx)

Personal address: _____

Social Security number: _____ (required by Financial Aid office)

Phone: _____ Email address: _____

Highest degree earned: _____ Institution granting the degree: _____

Highest level of certification: Class A _____ Class AA _____

Present school: _____

Present position: _____

_____ _____
Signature of Mentor Date

_____
Signature of Director, TES

_____ _____
Signature of Dean, CEHD Signature of VPBA-CFO