

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

\_\_\_\_\_ Mentor

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\_\_\_\_\_

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 <sup>st</sup> student
	\$150 for each additional student up to 3
	\$100 for each student over 3

\_\_\_\_\_

Signature of Mentor

\_\_\_\_\_

Signature of Capstone Coordinator

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Provost

\_\_\_\_\_

Date

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