

# Texas Tech University Health Sciences Center Vet-to-Vet Mentor/Protégé Agreement

This Mentor/Protégé Agreement (“Agreement”)  
is between

\_\_\_\_\_ (Mentor),

and

\_\_\_\_\_ (Protégé).

\_\_\_\_\_ (Mentor) is \_\_\_\_\_  
(**faculty/staff/student/alumni**) with military experience and has completed Green Zone  
Training (GZT).

\_\_\_\_\_ (Protégé) is a currently enrolled student in any Texas  
Tech University Health Sciences Center (TTUHSC) academic program.

The Parties wish to formalize the proposed mentor/protégé relationship between  
\_\_\_\_\_ (Mentor) and \_\_\_\_\_ (Protégé)  
under the TTUHSC Veteran to Veteran Mentorship Program; and

The Parties agree that establishing a mentor/protégé relationship will enhance the  
capabilities of the Protégé and that this relationship will result in “material benefits” and  
“developmental gains” to foster the proposed protégé’s growth and development.

The Parties wish to carry out the goals of this Agreement and the proposed Mentor  
proposes to provide such assistance as detailed below for at least one year.

Consistent with the Parties goals and the requirement of the TTUHSC Veteran-to-  
Veteran Mentorship Program, the Parties agree to the following:

1. To make reasonable efforts to schedule and attend interactions.
2. To have minimum of one bi-monthly interaction.
3. To inform the other Party about any problems with meeting regularly.
4. Understand that participation in the Veteran-to-Veteran Mentorship Program is voluntary and that I may withdraw from the program whenever I choose. I will contact with Veterans Resource Center staff if considering withdrawing.
5. I will notify Veterans Resource Center staff of any changes in my contact info or enrollment/employment status at Texas Tech University Health Sciences Center.
6. I understand that the main objective of the Veteran-to-Veteran Mentorship Program is to assist me to persist and graduate from Texas Tech University Health Sciences Center.

7. Notices and Points of Contact. The following individuals shall serve as the points of contact for this Agreement and as such are authorized to receive all notices under this Agreement. Please return a copy to [vrc@ttuhsc.edu](mailto:vrc@ttuhsc.edu) upon completion.

\_\_\_\_\_  
Mentor Name

\_\_\_\_\_  
Protégé Name

Rnumber: \_\_\_\_\_

Rnumber: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_