



LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

MOMENTE
Mentoring Programm der Medizinischen Fakultät für exzellente
Nach Nachwuchswissenschaftlerinnen und Nachwuchswissenschaftler



Mentoring Agreement

Agreement for a mentoring partnership between

..... (Mentor)

and (Mentee)

To range from to

Targets of the mentoring partnership:

Encounters and contact:

Planned frequency:.....

Planned duration of encounters/contacts:.....

Who is in charge for holding the contact?

Contact via: telephone e-Mail

Confidentiality notice:

We respect the privacy of both, mentor and mentee, and treat the matters of our conversations confidentially. We only talk about the matters of our mentoring-partnership with other parties, if both agreed explicitly to do so in advance. The commitment to discretion persists even after the termination of the mentoring-partnership.

Problems and premature termination:

Despite this agreement, problems in the mentoring partnership may appear. In such cases, it is reasonable to discuss the problems openly. In the event of differences or if there has been a breach of the mentoring agreement, the central program coordination must be called in. If problem solving is not possible, the mentor or mentee may terminate the mentoring partnership prematurely after consulting the speaker of the program.

Date, Signature Mentor

Date, Signature Mentee

Attachment to the mentoring-agreement:

The following attachment is part of the mentoring-agreement and only to sign by the mentee. Please submit it to the dean's office, Frau Maria Wiedemann, maria.wiedemann@med.uni-muenchen.de.

1. I hereby affirm, that I have completely read the following forms and paid attention to all criteria regarding applications, reimbursements and hiring of student or scientific assistants:

- Criteria for financial support within MOMENTE
- Guidelines for the application and reimbursement of travel grants
- Guidelines for the application of a student assistant
- Guidelines for the application of other financial support
- Grants for mentees with children to better support work-life-balance

Date

Signature Mentee

2. I hereby affirm, that, without being requested to do so, I will submit a final report to the central program coordination after I have left the mentoring program. In addition, I agree to participate in a potential evaluation.

Date

Signature Mentee