

## Participation Agreement for Mentoring Program at AACC

I understand that this program is being implemented to increase gender diversity of students in computer-related programs. In addition, it is designed to retain and help female students to successfully complete computer-related degrees.

In order to participate in this program, I understand that I must be enrolled

- As a full-time or part-time student at Anne Arundel CC.
- In a computer course in Computer Technologies Department.

I understand that by participating in Mentoring Program, I will receive the following benefits:

1. Reimbursement of **\$200** or more towards tuition fee for *one* of the specified courses completed with a grade of C or better (see course list in another document).
2. A faculty/professional role model that will promote and guide me along.
3. Assistance with course selection and scheduling for the computer program selected.
4. The opportunity to network with professional women in computer fields.
5. The opportunity to network with peers through participation in workshops, lecture presentations, and meetings.
6. Gain additional knowledge about developments in computer fields by participating in summer bridge activities.
7. Assistance in placement into an internship when possible.

I understand that in order to qualify for tuition reimbursement, I must satisfy the following requirements:

- Be still enrolled in a computer-related program at the time of reimbursement.
- Participate in mentoring program for at least two semesters.
- Participate in summer bridge program and at least one other mentoring event such as onsite company visit, group meeting, workshop etc.
- Communicate with the mentor at least twice during each semester.
- Grant mentoring leadership access to academic records<sup>1</sup> (course work, grade, major).

*I understand that participation in the program is voluntary and I may withdraw from it at any time. However, I agree to grant an exit interview, if needed.*

Name : \_\_\_\_\_ Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

Current Computer Course and Instructor: \_\_\_\_\_

Other *Computer* Courses Taken: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed agreement to: **Dr. Raj Gill, CALT 234**  
**email → [rkgill@aacc.edu](mailto:rkgill@aacc.edu)**

<sup>1</sup> The academic records will be kept confidential. If information is reported to the funding agency or it is published, data will only be reported in aggregate form and no names will appear in the report