



THE TEXAS A&M UNIVERSITY SYSTEM
HUB PROGRAM

The Texas A&M University System

Mentor-Protégé Program

Company Name:

Respondent Name:

Name of Protégé:

Dear Mentor:

To evaluate **The Texas A&M University System** Mentor-Protégé Program, we are requesting that you complete the following survey and return it to our office. This information will be considered confidential and will not be disclosed in a way that will identify your company to either your mentor or anyone else.

1. Is the Mentor-Protégé Agreement between your company and your protégé's company still in effect? Yes () No ()

If not, who terminated the agreement? Mentor () Protégé () Both ()

If the agreement is **no longer in place**, please describe the circumstances that led to the dissolution of the agreement:

2. How would you "qualify" the relationship that has developed with your protégé since the initial signing of your Mentor-Protégé Agreement? (check all that apply):

Professional () Courteous () Friendly () Mutually beneficial ()

Waste of Time () Not good () One-sided () Not useful at all ()

Of some benefit () Adversarial ()

Other (please specify):

3. How would you rate the protégé's ability to comprehend and implement your guidance

as outlined in the agreement?

Excellent () Good () Fair () Poor ()

4. Has your protégé complied with all the provisions of the agreement thus far?

Yes () No ()

5. Are there areas of assistance where your protégé has not been able to comprehend and implement your guidance? If so, please list:

6. How would you rate the assistance provided to you by **The Texas A&M University System** HUB Program Staff?

Excellent () Good () Fair () Poor ()

7. Would you like to share any other observations, concerns, or suggestions to improve **The Texas A&M University System** Mentor-Protégé Program? Please note below:

Please email the completed survey to:

SO-HUBProgram@tamus.edu.