

The Texas A&M University System

Mentor-Protégé Program

Company Name:		
Respondent Name:		
Name of Mentor:		
Dear Protégé:		
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 mentor'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:		
 How would you "qualify" the relationship that has developed with your mentor 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 mentor's efforts to meet your needs as outlined in the agreement?		



4.	Has your mentor complied with all the provisions of the agreement thus far?
	Yes () No ()
5.	Are there areas of assistance where your mentor has not been able to meet your needs? 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:

 ${\tt SO-HUBP rogram@tamus.edu}.$