CM EXPERIENTIAL LEARNING
GOALS REPORT

Jointly with your intern supervisor/employer, list five learning goals for your experiential learning experience.

Intern's Name: _____

Sponsoring Company's Name: _____

LEARNING GOALS:

1

2

3

4

5

_____
(Intern) PRINT NAME

_____ _____
SIGNATURE (Date)

_____
(Intern Supervisor/Employer) PRINT NAME

_____ _____
SIGNATURE (Date)