



# 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: \_\_\_\_\_

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LEARNING GOALS:

1

2

3

4

5

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\_\_\_\_\_  
(Intern) PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Intern Supervisor/Employer) PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(Date)