

## STUDENT MENTEE PROGRAM GOAL

This form is to be filled out by the mentee and shared with the mentor 5 times during the program. Completed forms are to be turned in to the Lavin Entrepreneurship Center Administration.

Check the box below	/ to identify up	coming sem	nester:			
☐ Semester 1 ☐	Semester 2	Summer	☐ Semest	er 3 🔲 Semeste	er 4	
1. Describe what you	ı want to achie	ve by the er	nd of the 2-	year program. Ple	ease choose one.	
☐ Start a new com	ipany upon gra	duation				
☐ Gain entreprene	ur mindset and	d skills to joi	n a startup	upon graduation		
☐ Learn about the	entrepreneuria	al process ar	nd mindset	o start a compan	y in 5-10 years	
☐ Learn the entrep	reneur mindse	t and skills.	No intentio	n to start a comp	any in the near fut	ure
☐ Other, please sp	ecify		<del></del>			
2. My specific goals a	are:					
a. By gradua	ition, I would li	ke to have a	achieved:			
1					_	
2					_	
3					_	
b. In 5-10 ye	ears, I would lik	e to have a	chieved:			
1					_	
2					_	
3					_	
			<u></u>			
Mentor Sign	ature	(Da	ate)	Mentee Signatu	re	(Date

Please note that this is a living document and it can change anytime. Please keep your mentor informed if you want to make major decisions regarding the program and/or your ability to fulfill your agreed commitment to your goal and/or the milestones working toward your goal achievement.