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 upcoming semester:

☐ Semester 1   ☐ Semester 2   ☐ Summer   ☐ Semester 3   ☐ Semester 4

1. Describe what you want to achieve by the end of the 2-year program. Please choose one.

☐ Start a new company upon graduation

☐ Gain entrepreneur mindset and skills to join a startup upon graduation

☐ Learn about the entrepreneurial process and mindset to start a company in 5-10 years

☐ Learn the entrepreneur mindset and skills. No intention to start a company in the near future

☐ Other, please specify__________________________________

2. My specific goals are:

a. By graduation, I would like to have achieved:

1. ________________________________________________________

2. ________________________________________________________

3. ________________________________________________________

b. In 5-10 years, I would like to have achieved:

1. ________________________________________________________

2. ________________________________________________________

3. ________________________________________________________

Mentor Signature (Date) Mentee Signature (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.