

**Internship Program Goal Setting***(To be completed by 1st week of internship)*

Name/ID		Department	
Position		Practice period	
Mentor		Line manager	
	Targets		Key Result
Learning Target	1.		1.
	2.		2.
	3.		3.
Business Target	1.		1.
	2.		2.
	3.		3.
Intern	Signature: _____		Date: _____
Mentor	Signature: _____		Date: _____