

MARKETING EDUCATION PROGRAM:

_____ (Name of Program)

PROGRAM GOALS

2019-2020

(Please submit this completed document electronically to alea@nd.gov by September 20th)

Instructor Name:	
Summer Phone#:	
Current email:	

List 3 Goals that you have developed for your Marketing Education Program for the school year.

GOAL	ACTION PLAN	DATE TO BE COMPLETED	EVALUATION