Evaluation Form for J-1 Academic Training

STUDENT INFORMATION:

Last Name: ____________________________ First Name: __________________________
Email: ________________________________ Field of Study: ______________________
Anticipated Date of Degree Completion: _______ Degree Level: _______

Undergraduate

Master’s

Doctoral

Non Degree Seeking

ACADEMIC TRAINING PROGRAM INFORMATION:

Academic Training Start Date: _______________ Academic Training End Date: ____________
Name of Employer: ________________________ Job Title: ______________________________
Name of Supervisor: _______________________ Email: ______________________________

How has your Academic Training experience helped you reach or enhance the goals and objectives of your academic program? ____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
What new knowledge or techniques did you learn that have enriched your academic degree program? ______________________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Signature: _______________________________ Date: ____________________________