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: ____________________________