



J-1 Academic Training Evaluation Form

STUDENT SECTION: PRINT your information below. This information will be used to update your SEVIS record and must be accurate. If we are not able to read your information your information cannot be updated in SEVIS.

LAST Name: _____ First Name: _____

Banner ID: _____ Major/Program: _____

Degree Level: _____ Estimated Date of Program Completion: _____

EVALUATION: *Completed by student.*

AT Start Date: _____ AT End Date: _____

Name of Employer: _____ Hours Per Week: _____

City _____ State _____ Zip _____

Job Title: _____ Name of Supervisor: _____

Email: _____ Phone: _____

Please describe:

How has your AT 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

EVALUATION: *Completed by supervisor.*

Please describe:

Has the student met the goals and objectives of their academic program? How have the goals and objectives been met?

Has new knowledge of techniques been learned that have enriched the student's academic program?

Signature

Date