



# J-1 Student Academic Training (AT) Evaluation Form

*"The sponsor must evaluate the effectiveness and appropriateness of the academic training in achieving the stated goals and objectives in order to ensure the quality of the academic training program." [22 CFR 62.23(f)(6)]*

## **TO BE COMPLETED BY THE AT SUPERVISOR and returned to the student in the last week of AT:**

Name of Student \_\_\_\_\_ AT Site \_\_\_\_\_

Dates of AT \_\_\_\_\_ to \_\_\_\_\_

AT has been completed  AT has not been completed

### **Overall Evaluation:**

Outstanding  Satisfactory  Unsatisfactory

**Please provide a brief summary of how this AT helped the student to achieve stated goals and objectives**

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By signing below, I confirm that the student did not engage in non-substantive or unskilled activities such as housekeeping, bussing tables, serving food, etc.

Name & title of AT supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:**

I certify the successful completion of this academic training.

\_\_\_\_\_  
*Name of Academic Advisor/Faculty Advisor/Dean*                      *Signature*                      *Date*

## **TO BE COMPLETED BY STUDENT:**

\_\_\_\_\_  
*Student's Name*                      *Signature*                      *AUID*                      *Date*

### **ISSS Only:**

Received by \_\_\_\_\_  
*Name of RO/ARO*                      *Signature*                      *Date*

Updated Sunapsis \_\_\_\_\_  
*Name of RO/ARO*                      *Signature*                      *Date*