



ACADEMIC TRAINING FINAL EVALUATION FORM

Date _____

Per 22 CFR 62.23(f)(6), FIU ISSS Office 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." This evaluation form should be completed by you and your current supervisor.

SECTION 1: Student/Exchange Visitor Information (Completed by Student)	
Last Name:	First Name:
Panther ID:	SEVIS ID# (begins with 'N' on the Form DS-2019):
Email:	Phone Number:
Academic Training Dates (mm/dd/yyyy): From: To:	Degree Level (check one): Bachelors Masters Doctoral
Major field of study for academic training:	Degree Date Awarded:

SECTION 2: ACADEMIC TRAINING INFORMATION (Completed by Student)
Specific Goals and Objectives of Academic Training (as described in the Academic Training application):
Explanation of how the Academic Training related to the your major field of study



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Please explain why the Academic Training was an integral or critical part of your academic program:

Empty box for explaining why the Academic Training was an integral or critical part of your academic program.

SECTION 3: Employer/Host Organization Information (Completed by Student and Employer)

Employer Name:	Street Address:
Employer Website:	City:
Number of Full Time Employees:	State: Zip Code:
Start Date of Employment/AT (mm-dd-yyyy):	Hours Per Week (must be at least 20 hours/week):
	Salary/Stipend:
Supervisor Information	
Supervisor Last Name:	Supervisor First Name:
Supervisor Title:	
Supervisor Phone Number:	Supervisor Email:

SECTION 4: Employer Evaluation (Completed by Employer)

Description of the J-1 Student's Role:



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Employer Oversight: Explain how the student was trained and supervised during his/her Academic Training.

Knowledge, Skills, and Techniques: Describe what skills and knowledge the student acquired during this Academic Training opportunity.

Cultural Activities: Since one of the important requirements for Exchange Visitors is the exchange of culture/knowledge, describe what activities the student was involved with for this purpose during his/her AT period.

Overall assessment of the J-1 Student's performance during the Academic Training Program:

- Outstanding Satisfactory Unsatisfactory



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SECTION 5: Final Evaluation on Student Progress (Completed by Student and Employer)	
Please describe your performance, your acquisition of new knowledge, skills, and competencies identified in this evaluation form. Discuss accomplishments, successful projects, overall contributions, etc., during your Academic Training period.	
Range of Evaluation Dates:	
From (mm-dd-yyyy):	To (mm-dd-yyyy):
Student Certification: <i>I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.</i>	
Signature of Student (Sign in ink):	
Printed Name of Student:	Date (mm-dd-yyyy):
Employer Certification: <i>I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.</i>	
Signature of Employer Official with Signatory Authority (Sign in ink):	
Printed Name of Employer Official with Signatory Authority:	Date (mm-dd-yyyy):



International Student
& Scholar Services

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