



ACADEMIC TRAINING MID POINT 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):<br>From:<br>To:                  | Degree Level (check one):<br><br>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 relates to the your major field of study                       |



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Why the Academic Training is an integral or critical part of your academic program:

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

Table with 2 columns and 10 rows for employer information including fields for Employer Name, Street Address, Website, City, Employees, State, Zip Code, Start Date, Hours Per Week, Salary/Stipend, Supervisor Information, and Supervisor Contact details.

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 has been supervised up until this point in his/her Academic Training.

**Knowledge, Skills, and Techniques:** Describe what skills and knowledge the student has acquired up to this point in his Academic Training.

**Cultural Activities:** Since one of the important requirements for Exchange Visitors is the exchange of culture/knowledge, describe what the student has done to do so, or what plans you have to make sure this happens during the Academic Training period.



Date \_\_\_\_\_

**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 this Academic Training period.

If there are any changes you would like to propose, please describe them here.

Empty space for student/employer evaluation text.

**Range of Evaluation Dates:**

From (mm-dd-yyyy):

To (mm-dd-yyyy):

*Student Certification: 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.*

Signature of Student (Sign in ink):

Printed Name of Student:

Date (mm-dd-yyyy):

*Employer Certification: 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.*

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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Date \_\_\_\_\_