



International House & Programs

Academic Training Evaluation Form (for J-1 Students)

To Be Completed by Student

Last Name (of student) _____ First Name (of student) _____

JSU ID number _____

To Be Completed by Student's Supervisor

Name of the company: _____

Address of the company (please include physical and mailing): _____

Email address of the supervisor: _____

Dates of the employment: _____ to _____

Did the program/employment meet the student's Academic Training Goals and Objectives? ___ Yes ___ No

The U.S. Department of State has advised that students participating in AT must be involved in primarily substantive roles ((e.g., shadowing managers, participating in project design, management, or event planning) that involve no more than infrequent non-substantive tasks (e.g., housekeeping, bussing tables, serving food).

What percentage of the student's time during AT was spent doing substantive tasks? _____

What percentage of your time during AT was spent doing non-substantive tasks? _____

I certify that the above information is true and accurate.

Supervisor's Name: _____ Title: _____

Signature: _____ Date: _____

To Be Completed by Student's Academic Advisor/Dean

Based on your original recommendation, has the student met the goals/objectives of the Academic Training experience? ___ Yes or ___ No (please provide explanation

I certify that the above information is true and accurate.

Printed Name: _____ Title: _____

Signature: _____ Date: _____