J-1 Academic Training Evaluation Form

PROGRAM EVALUATION: To be completed by student and signed by supervisor and academic advisor.

Last Name:___________________________________ First Name:___________________________________

Penn ID Number:______________________________ Major:_______________________________________

Degree Level:________________________ Graduation Date:____________________________________

Check One:      ☐ This is a mid-program evaluation      ☐ This is an end of program evaluation

AT Start Date:_______________________________     AT End Date:___________________________________

Name of Employer:_____________________________________________________ Hours per week:_______

Employer Address:____________________________________________________________________________

(street)    (city)   (State)  (Zip code)

Job Title:______________________________________Name of Supervisor:_____________________________

Supervisor Email:_______________________________ Phone:________________________________________

Please describe your AT experience by answering the following questions:

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?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

SUPERVISOR: By signing this form as supervisor of the J-1 exchange visitor, you are confirming you agree with
the above evaluation and assessment.

Supervisor Name and Title: __________________________________________________________________

Supervisor Signature:  _________________________________________ Date:____________________________

ACADEMIC ADVISOR: By signing this form as Academic Advisor of the J-1 exchange visitor, you are confirming
you agree with the above evaluation and assessment.

Advisor Name and Title: _____________________________________________________________________

Advisor Signature:  _________________________________________ Date:_______________________________