

EVALUATION FORM FOR J-1 ACADEMIC TRAINING

STUDENT INFORMATION:

Last name: _____ First name: _____

E-mail: _____

Field of study: _____ Degree level: Undergraduate Master's Doctoral

(Anticipated) date of degree completion (or defense date): _____

ACADEMIC TRAINING PROGRAM INFORMATION:

--- The information/questions in this section must be answered in full by the student according to the J-1 Exchange Visitor Program regulations (22 C.F.R. 62.23(f)(6)) ---

Academic Training start date: _____ Academic Training end date: _____

Name of employer: _____

Job title: _____

Name of supervisor: _____ E-mail: _____

How has your Academic Training 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?

Signature: _____ Date: _____

Please submit this form to OIS for review:

E-mail: OIS@ncsu.edu Fax: 919-515-1402 Location: 320 Daniels Hall

For further information about J-1 Academic Training, please visit: <http://www.ncsu.edu/ois/current/j1actrain.php>