



**ACADEMIC TRAINING EVALUATION FORM**

The purpose of Academic Training is to allow the student to obtain, either during or immediately following formal studies, practical experience which compliments, and is an integral part of, the individual's education in the United States.

Name of Student: \_\_\_\_\_

Dates of the Academic Training: \_\_\_\_\_ Location: \_\_\_\_\_

Description of the Academic Training position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals of the Academic Training: \_\_\_\_\_

**To be completed by student**

1. Has your Academic Training met the goals of your program of study? Yes  No

2. What aspects of your Academic Training were the most beneficial for you?  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you think your Academic Training will help you in your studies and future career?  
Yes  No

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by supervisor**

1. Was the student's preparation adequate for the Academic Training? Yes  No

2. Did the program meet the student's Academic Training goals? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_