

OFFICE OF INTERNATIONAL PROGRAMS AND SERVICES

Student Union Building I, Room 4300

4400 University Drive, MS 4C3, Fairfax, VA 22030

Phone: 703 993-2970; Email: oips@gmu.edu; Web: oips.gmu.edu**ACADEMIC TRAINING
EVALUATION FORM**

The purpose of Academic Training is to allow the student to obtain, either during or immediately following their studies, practical experience which is an integral or critical part of, the individual's academic program in the United States. "The sponsor 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." [22 CFR 62.23(f)(6)]

Name of Student: _____

Location of the Academic Training: _____

Goals and objectives of the Academic Training:

Is this a final evaluation?

Yes ☐ No ☐

If this is not a final evaluation, please list the dates of the evaluation period: _____

Describe the progress of meeting the goals and objectives during this evaluation period listing any specific goals and objectives that were not achieved and why. If this is not a final evaluation, describe any modification of goals and objectives for the next evaluation period based on the current achievements.

Name of supervisor: _____

Signature of supervisor: _____ Date: _____

Additional comments: _____

Name of Academic Advisor: _____

Signature of Academic Advisor: _____ Date: _____

Signature of student: _____ Date: _____

Additional comments: _____
