



Penn Global
International Student and Scholar Services

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: _____