

Academic Training | Evaluation Form

International Student and Scholar Services, Binghamton University

Student Completes This Section:

Student Name: _____

B Number: _____

Email Address: _____

Phone: _____

Name of employer (Company Name): _____

Employer address:

Site address (Where student is physically working):

Student's Job Title: _____

Number of hours per week: _____ Start date: _____ End date: _____

How has your Academic Training Experience helped you achieve the goals and objectives of your academic program?

What new knowledge, skills, or techniques have you acquired through participation in this Academic Training experience?

Provide a self-evaluation of your performance in this Academic Training experience. Discuss accomplishments, successful projects, overall contributions, etc. during this AT period.

Student's Signature

Date

Supervisor Completes This Section:

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

Supervisor's Signature

Date

Supervisor's first name: _____ Supervisor's last name: _____

Supervisor's phone number: _____ Supervisor's email address: _____

To Submit Evaluation: Email completed form to intlwork@binghamton.edu within 10 days of your Academic Training end date.