



ACADEMIC TRAINING EVALUATION FORM

Once a student has concluded their Academic Training experience, the student must have their employer complete the following form to evaluate the academic training program. The form must then be provided to the student's Academic Advisor or Director of Undergraduate/Graduate Studies for review and signature. Students must then submit the completed form to ISSS within one week of concluding their Academic Training experience.

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

EMPLOYER EVALUATION (COMPLETED BY STUDENT'S SUPERVISOR):

Name of Organization: _____

Academic Training Dates: _____ to _____

Overall assessment of the Academic Training Program: Outstanding Satisfactory Unsatisfactory

Please provide a brief summary of how the student met their goals/objectives through this Academic Training experience:

I certify that the above information is true and accurate.

Supervisor's Original Signature: _____ Date: _____

Printed Name: _____ Title: _____

ACADEMIC DEPARTMENT EVALUATION (COMPLETED BY ACADEMIC ADVISOR/DUS/DGS)

Based on your original recommendation, has the student met the goals/objectives of the Academic Training experience?

Yes No (please provide additional comments below)

Comments: _____

I certify that the above information is true and accurate.

Academic Advisor/DUS/DGS Signature: _____ Date: _____

Printed Name: _____ Title: _____