

Part I. Student Information		
Family Name:	Given Name:	Middle Name:
Dawgtag #:	SEVIS ID #: N00	Email:
Phone #:	Degree:	Major:
School/Department:	College:	
Current U.S. Address:		
Part II. Academic Training Information		
Employer's Name:	Employer (Site) Address:	
Supervisor's Name:	Supervisor Title:	
Supervisor Email:	Supervisor Phone #:	
Academic Training Start Date:	Academic Training End Date:	
Part III. Evaluation (To be completed by the Student)		
<p>Evaluation of the Academic Training is required to be conducted at the mid-point and final date of the authorization. These evaluations must be submitted to the ISSS office upon timely completion.</p> <p><i>"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."</i> [22 CFR 62.23(f)(6)]</p>		
Select the type of Evaluation: <input type="checkbox"/> Mid-Point <input type="checkbox"/> Final	Evaluation Date:	
Assessment of the Academic Training Program: <input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Please provide a brief summary of how this Academic Training has helped you to achieve your stated goals and objectives.		
Part IV. Signatures & Comments		
Student Signature:	Date:	
Employer Signature (I have reviewed the above evaluation):	Date:	
Additional Employer Evaluation Comments:		
SIU Academic Advisor Signature (I have reviewed the above evaluation):	Date:	
SIU Academic Advisor Name (Printed):	SIU Academic Advisor Email Address:	
Additional SIU Academic Advisor Evaluation Comments:		