UCI International Center J-1 Academic Training Evaluation

SECTION ONE: PERSONAL INFORMATION							
LAST NAME:		FIRST	FIRST NAME:				
STUDENT ID NUMBER:		UCI EM	UCI EMAIL ADDRESS:				
PHONE NUMBER:		MAJOF	MAJOR:				
SECTION TWO, EMPLOYER IN	CODMATION	1					
SECTION TWO: EMPLOYER INF	ORIVIATION						
NAME OF EMPLOYER/COMPANY:							
EMPLOYER ADDRESS:	STREET ADDRESS:						
	CITY:		STATE:			ZIP CODE:	
JOB TITLE:			SUPERVISOR'S NAME:				
SUPERVISOR'S EMAIL:			SUPERVISOR'S PHONE NUMBER:				
SECTION THREE: STUDENT'S EVALUATION							
				AT END DATE (MM/DD/YYYY):			
HOW HAS YOUR ACADEMIC TRAINING EXPERIENCE HELPED YOU REACH OR ENHANCE THE GOALS AND OBJECTIVES OF YOU							
ACADEMIC PROGRAM AT UCI? WHAT ASPECTS OF YOUR ACADEMIC TRAINING WERE MOST USEFUL?							
ACADEMIC ADVISOR VERIFICATION							
DID THE STUDENT ACHIEVE THE GOALS AND OBJECTIVES OF THEIR ACADEMIC TRAINING EXPERIENCE? COMMENTS:							
ACADEMIC ADVISOR'S SIGNAT	URE: PRINT N	TODAY'S		TODAY'S I	DATE [MM/DD/YYYY]:		
UCI International Cen	ter ◆ Irvine, CA 92697-5	255 ◆ P: 949.8	324.7249 ◆	F: 949.824.30	190 ◆ <u>intl@uc</u>	i.edu ◆ <u>www.ic.uci.edu</u>	

IC Office Use Only: Date Received: _____ Advisor's Initials: _____ Ready for Pick-Up On: _____ | Revised On 7.28.2017