



Evaluation of Academic Training

International Services

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Student Information

CGU ID# 254 - _____

Last Name _____

First Name _____

Department/Program _____

Degree _____

Description of Training Program

Name of Company: _____

Address of Company: _____

Position Title: _____

Name of Training Supervisor: _____

Telephone, and/or email of Training Supervisor: _____

EVALUATION OF THE TRAINING PROGRAM (to be completed with your Supervisor)

1. What specific knowledge, skills, or techniques are being learned that apply to the goals and objectives of the training program?

2. How is the acquisition of these new skills and competencies being measured?

3. How is the employer providing oversight and supervision?

4. Provide examples of accomplishments, successful projects, or contributions the J-1 student has made in applying the skills and knowledge towards the objectives of the training program.

Name of Training Supervisor:

Supervisor" Signature:

J-1 Student Signature: