

EVALUATION BY THE ACADEMIC TRAINING SPONSOR
International Student & Scholar Services
University of Louisville
Louisville, KY 40208

Name of J-1 Student: _____ Date: _____

The above-named student is currently on a J-1 visa majoring in _____ and is approved to engage in the Academic Training Program.

Time period approved for Academic Training: From ____/____/____ to ____/____/____
Total number of months: _____

1. Student approved for Academic Training based on the following educational level:
____ Student Non-Degree ____ Bachelor ____ Master ____ Doctoral

2. All academic training is counted as full time, even if employment is on a part-time basis.
Student approved for
 ____ Part-time Academic Training (1-20 per week)
 ____ Full-time Academic Training (21 or more hours per week)

3. Student approved for
 ____ Pre-Completion Academic Training
 ____ Post-Completion Academic Training

4. In order to ensure the quality of the Academic Training Program, I hereby evaluate the effectiveness and appropriateness of the Academic Training in achieving the stated goals and objectives as follows:
 ____ Satisfactory
 ____ Unsatisfactory

Signature by the Academic Training Sponsor

Date

Print Name

Email Address

Phone