

1024 Campus Delivery Fort Collins, CO 80523-1024 USA • (970) 491-5917 • international.colostate.edu

J-1 STUDENT ACADEMIC TRAINING EVALUATION FORM

Student's Name:	
Email Address:	
Name of Employer/Company:	
How have you achieved the goals and objectiv	ves for which this academic training was authorized?
What aspects of your academic training were	most useful to you?
Other comments about your academic training	g experience:
	ies you participated in during your academic training that helped States:
I hereby certify the	at the information above is accurate.
Student's Signature:	Date: