

J-1 Academic Training (AT) Evaluation

Personal Information

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____

E-mail Address: _____

Academic Training Information

AT Employer: _____

Start Date: _____

End Date: _____

List goals and objectives of your AT:

Describe how these goals and objectives were met:

Describe how your academic program at UVa was enhanced by this experience: