

Academic Training Department Verification

SECTION ONE: PERSONAL INFORMATION	
LAST NAME:	FIRST NAME:
STUDENT ID NUMBER:	SCHOOL EMAIL ADDRESS:
PHONE NUMBER:	MAJOR:
EXPECTED PROGRAM END DATE:	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR: _____

SECTION TWO: EMPLOYER INFORMATION			
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 START DATE (MM/DD/YYYY):	AT END DATE (MM/DD/YYYY):
HOW HAS YOUR ACADEMIC TRAINING EXPERIENCE HELPED YOU REACH OR ENHANCE THE GOALS AND OBJECTIVES OF YOUR 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO (IF, NO LIST WHY NOT IN COMMENTS BELOW)	
COMMENTS:		
ACADEMIC ADVISOR'S SIGNATURE:	PRINT NAME:	TODAY'S DATE [MM/DD/YYYY]:

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