

**ACADEMIC TRAINING EVALUATION**

Authorization Period: \_\_\_\_\_ to \_\_\_\_\_

**► Student Self Evaluation**

Please describe your performance during this academic training period. Explain what you worked on and what knowledge, skills, or competencies you gained or strengthened. Describe your main accomplishments, successful projects, and overall contributions. If applicable, note any changes to your responsibilities or focus during this period and identify any new skills or areas you would like to continue developing.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**► Supervisor Evaluation**

Please provide any additional comments on the student's performance (optional).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_