



University of Illinois
 International Student and Scholar Services 201
 Tech Plaza, 616 E. Green St. MC 375
 Champaign, IL 61820
 Telephone: 217-333-1303 Fax: 217-265-4252



J-1 TRAINEE SCREENING AND SELECTION FORM

Host unit: CELP IFSI Executive MBA

Prospective trainee's full name:

_____ Prospective trainee's country

of citizenship: _____ Prospective trainee's date of birth:

Is interviewer is a third-party acting on the department's behalf?

No, interviewer is a member of the department's faculty or staff

Yes, but interviewer is connected to the department in the following manner:

Date of interview: _____

Interview method (check one):

In person Location of interview: _____

Videoconference

Web cam

Phone (if other options are not viable)

I have determined that the prospective trainee named above is eligible for program participation and that the proposed training program is suitable to his/her background, needs, and experience.

I have determined that he/she will be engaging in a program that is not duplicative of his/her prior training and experience.

Interviewer's signature: _____ Date: _____

Interviewer's name (printed) : _____

Interviewer's signature: _____ Date: _____

Interviewer's name (printed) : _____