

RECOMMENDATION FOR ACADEMIC TRAINING

Students in J-1 Status

To Be Completed by the Academic Advisor or Dean

STUDENT'S NAME: _____

MAJOR: _____

DESCRIPTION OF THE TRAINING PROGRAM:

Job Title: _____

Employer Information:

Name _____

Address _____

City _____ State _____ Zip Code _____

Name of Supervisor: _____

Supervisor's Contact Information:

Phone Number _____

E-mail _____

GOALS AND OBJECTIVES OF THE TRAINING PROGRAM:

HOW DOES THE PROGRAM RELATE TO THE STUDENT'S MAJOR FIELD OF STUDY?

WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF THE STUDENT'S ACADEMIC PROGRAM?

As the student's Academic Advisor or Dean, I have set forth the nature and details of the academic training program. I approve of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the academic training program that I have described.

Signature of Academic Advisor or Dean

Date: _____

Name and Title of Academic Advisor or Dean

