



# Academic Training Recommendation for J-1 Student

To be completed by the student's academic adviser.\*

\*Visiting/Exchange students may request the Associate Dean or other relevant faculty member from the college which he/she has been most closely associated with.

The student submitting this form for your approval must be authorized by the Office of International Programs for "Academic Training before he/she can take part in a practical training opportunity. Before submitting this form the student should have shared with you detailed information about the academic training experience. The information you provide on this form should be accurate and complete. Please feel free to call 581-3437 if you have any questions.

## Name of student requesting Academic Training authorization

Family Name \_\_\_\_\_ Other Name(s) \_\_\_\_\_

## Name of faculty member recommending student for Academic Training

Family Name \_\_\_\_\_ Other Name(s) \_\_\_\_\_

## What are the goals and objectives of this training program?

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## Information about the Academic Training program

Company Name \_\_\_\_\_

Full name of training supervisor \_\_\_\_\_

Address \_\_\_\_\_

Hours per week \_\_\_\_\_

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Dates of training \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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## How is this training experience an integral or critical part of the academic program of the student?

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I certify that I have discussed the training opportunity described above with the student named in this document and that I am recommending that the student be authorized for Academic Training

\_\_\_\_\_  
Signature of faculty member

\_\_\_\_\_  
Date