

ACADEMIC ADVISOR'S RECOMMENDATION FOR J-1 STUDENT'S ACADEMIC TRAINING

Student's Name: _____

Degree Level: _____ **Program of Study:** _____

As this student's Academic Advisor, I write in support of the application for Academic Training program. The amount of time requested is necessary to complete the goals and objectives of the training program. With this letter, I recommend that you authorize this student to participate in Academic Training described as follows:

Description of the Training Program

Location: _____

Name and Address of Training Supervisor: _____

Number of Hours per Week: _____

Dates of Training: _____

Goals and Objectives of Training Program

How Academic Training Relates to Student's Major Field of Study

How Proposed Academic Training is an Integral/Critical Part of Academic Program

Signature of Academic Advisor

Date

Name and Title (please print or type)