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)

5/09