



University at Buffalo
The State University of New York

Office of International Education
Immigration Services

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

Student Name: _____

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

As this student's Academic Advisor, I am providing the following information and details of an Academic Training program. I approve the amount of time requested as necessary to complete the goals and objectives of the training. With this form, I recommend that you authorize this student to participate in the Academic Training program described as follows:

Description of the training program (including Name and Address of Training Supervisor):

Goals and Objectives of the specified training program:

The Academic Training relates to this student's major field of study in the following ways:

The Academic Training is an integral and critical part of the academic program of the J-1 student for the following reasons:

Signature of Academic Advisor

Date

Name and Title (please print or type)

FOR OFFICE USE ONLY:

I have reviewed this letter and determined that the academic training being requested
_____ is _____ is not warranted

The criteria and time limitations set forth in 22 CFR 514.23(f)(3) and (4)
_____ are _____ are not satisfied

In order to ensure the quality of the academic training program, I hereby evaluate the effectiveness and appropriateness of the academic training in achieving the stated goals and objectives as follows: _____ Satisfactory _____ Unsatisfactory

MaryJean Zajac, Alternate Responsible Officer, P-1-04839

Date