ACADEMIC ADVISOR’S RECOMMENDATION FORM FOR ACADEMIC TRAINING  
(Students in J-1 Status Only)

This form is provided for your convenience. The information requested is to comply with the United States State Department (Bureau of Educational and Cultural Affairs). The international student named below is applying for academic training.

Academic training is defined as employment for wages or other remuneration that is directly related to a J-1 student’s major field of study. The student must be in good academic standing, have an offer of employment, and have the written approval of the academic advisor or department chair before authorization for academic training may be issued. The State Department requires that you briefly explain how the training relates to the student’s major field of study and why it is an integral or critical part of the student's academic program. Academic training may take place during a student’s course of study and/or after graduation. It may carry academic credit or be non-credit.

Student’s Name: ________________________________________  Degree program: ______ Bachelor’s ______ Master’s ______ Exchange

Field of Study: _________________________________________

Student’s Current U.S. Address:

_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

Student’s Permanent Home Country Address:

_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

Name and Complete Address of Employer:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Name of Training Supervisor: ________________________________________

Dates of Academic Training: from ________ to _________  Hours per week: ___________

Brief description of duties:  _____________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

(OVER)
DEPARTMENT CHAIR/Academic Advisor completes this section:

Please explain how the proposed training relates to the student’s major field of study and why it is an integral part of the student’s academic program:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Chair/Advisor’s Signature

Name and Title (please print)

Department: ___________________________ Telephone: ___________________________

Date: ____________________________

Please return this form to the office of the international student advisor