

APPLICATION AND RECOMMENDATION FOR ACADEMIC TRAINING AUTHORIZATION

To be completed by student

Name: _____ University ID: _____

E-mail address: _____ Expected graduation date: _____

Major and Degree Level: _____ Non-degree: YES () NO ()

Insurance Company/Expiration Date: _____

Employer/Company/Institution name: _____ Supervisor's name: _____

Employer Address: _____

Number of hours/week: _____ Start date: _____ End date: _____

I confirm that I have read and agree to the terms and conditions of Academic Training as outlined on the Office of International Services website.

Student's Signature: _____

To be completed by Academic Advisor

Student's expected academic program completion date (mm/dd/yyyy): _____

Student's expected Academic Training completion date (mm/dd/yyyy): _____

PLEASE ATTACH A MEMO TO THIS FORM THAT ADDRESSES THE FOLLOWING QUESTIONS:

1. What are the goals and objectives of the proposed Academic Training? (Please include a complete description of the Academic Training program.)
2. How does the proposed Academic Training relate to the student's major field of study?
3. Why is the proposed Academic Training an **integral and/or critical** part of this student's academic program?

I confirm that the proposed Academic Training program is an integral/critical part of the student's academic program, and is designed to achieve the desired goals and objectives as set forth in the answers to these questions.

Academic Advisor's Name/Title Signature Date

To be completed by the Office of International Services

Academic Training letter issued to student? Yes () No ()

New DS-2019 issued for travel/extension? Yes () No ()

Expiration date of DS-2019: _____

SEVIS Updated? _____ Site of activity? _____ iOffice updated? _____ Remaining AT time: _____

Date submitted: _____

P/U date: _____