ACADEMIC ADVISER’S RECOMMENDATION FOR J-1 ACADEMIC TRAINING

Academic Training (AT) is permitted for students on J-1 Exchange Visitor visas to engage in up to 18 months of training (36 months for doctorate candidates) directly related to their field of study if they meet the J-1 regulatory requirements.

To certify the student’s eligibility for AT, we need the following information from you:

Name of Student: ________________________________________________________________
Degree Program of Student: _______________________________________________________
Date of Completion of Studies*: ___________________________________________________

*NOTE: This date should be for the completion of all degree requirements, including defense, etc.

Training Program (employment) Information:
Employment Start Date: ____________ Employment End Date: ____________ Hours per week: _______
Job Title: _______________________________________________________________________
Employment location: ____________________________________________________________
Name & phone of the employment supervisor: ________________________________________

Goals and Objectives of Specific Training Program:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

How does the training relate to the student’s major field of study?
_____________________________________________________________________________
_____________________________________________________________________________

Why is the training an integral or critical part of the student’s academic program?
_____________________________________________________________________________
_____________________________________________________________________________

How will the training be evaluated for its effectiveness and appropriateness?
_____________________________________________________________________________
_____________________________________________________________________________

Authorizing Signature:
Undergraduate Deans/Graduate Program Director’s Signature: _______________________
Date: __________________
Academic Adviser’s Name (Printed): ______________________________________________
Department: ___________________________________________________________________
Phone Number: __________________________ Email: ________________________________