

J-1 ACADEMIC TRAINING ACADEMIC ADVISOR'S RECOMMENDATION

Section A: Student Information	
DU ID:	LAST (FAMILY) NAME: FIRST NAME:
Dates of Academic Training: (mm/dd/yy) Begin: ___/___/___ End: ___/___/___	
Are you currently working (on campus or off campus, including graduate or research assistantships) <input type="checkbox"/> YES <input type="checkbox"/> NO	
How many hours per week total (both on and off-campus) will you work in the term requested? _____ hrs/week	
Site of Academic Training:	Address:
Supervisor Name:	Email:
<i>I hereby authorize the release of any information necessary and authorize any changes needed to complete my request.</i>	
STUDENT SIGNATURE:	DATE:
<i>Attach a letter on letterhead from the academic training provider which describes the training and gives the location, dates of training and number of hours per week.</i>	
<i>ISSS will send all communications about this request to your @du.edu email. Remember to check this account regularly.</i>	

Section B: To be Completed by the Academic Advisor	
Training will be:	<input type="checkbox"/> Prior to Program Completion <input type="checkbox"/> After Program Completion
How does the training relate to the student's field of study?	
Goals and objectives of the training program:	
Why is the training an integral part of the academic program?	
<p>NOTE: Prior to signing this recommendation, know that the information above is required to assure that the student's request for academic training complies with federal regulations governing J-1 immigration status.</p> <p>It is my opinion that the proposed academic training is in the student's major area of study and that it is an integral or critical part of the academic program. I therefore recommend that the student be granted academic training. In signing this form I understand that my academic recommendation will be used for this purpose.</p>	
Advisor Signature:	Printed Name: Date:
Department:	Email: Phone #:

SECTION C: To be completed by ISSS ADVISOR	
<i>I approve the student's request for Academic Training</i> Start Date: ___/___/___ End Date: ___/___/___	
ISSS ADVISOR SIGNATURE:	DATE:
PRINTED NAME:	PHONE:

FOR ISSS OFFICE USE ONLY

Assigned To:	Processing Checklist:	Processing Notes
	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ____ / ____ / ____ <input type="checkbox"/> ISA processed ____ / ____ / ____	