

RECOMMENDATION FOR ACADEMIC TRAINING

Student Family Name: _____ Given Name: _____

PID: _____

The student referenced above wishes to apply for Academic Training work authorization. This authorization can be granted for work that is closely related to the degree studies. Federal regulations require the student to obtain an official recommendation from their Academic Advisor that includes each of the details requested below. The student has been instructed to share the job offer letter with you. Thank you for assisting the student with this matter.

Job Offer Details

Position Title:

Address of Employment:

Name of Employment Supervisor:

Start Date:

End Date:

Hours Per Week:

Relationship to Degree Studies

Please describe the work that will be done:



What goals and objectives should the student focus on?

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

How is this work integral to the student obtaining the learning objective of their program?

By signing below, you confirm that you recommend this student be granted Academic Training work authorization for this experience.

Academic Advisor Signature:

Printed Name:

Title:

College or Department:

Date:

