

Academic Adviser Recommendation Form for Academic Training

Dear Responsible / Alternate Responsible Officer:

With this letter I recommend that you authorize the University of Chicago J-1 international student named below to participate in Academic Training (AT) as described.

Name of student:

Field of study:

Name of employer:

Location of the training program:

City:

State:

Zip:

Name and address of the training supervisor:

City:

State:

Zip:

Number of hours per week:

Dates of the training: From (month, day, year) to

1. The goals and objectives of the specific training program are the following:

2. The training relates to the student's major field of study as follows:

3. The training is an integral or critical part of the academic program of the exchange visitor for the following reason(s):

I approve of the amount of time requested as necessary to complete the goals and objectives of the training.

Sincerely,

Signature of the Academic Adviser or Dean

Date

Name and title (printed or typed) of the Academic Adviser or Dean