

ADVISOR'S RECOMMENDATION FORM FOR J-1 ACADEMIC TRAINING

STUDENT INFORMATION:

Last name: _____ First name: _____

E-mail: _____

Field of study: _____ Degree level: Undergraduate Master's Doctoral

Anticipated date of degree completion (or defense date): _____

ACADEMIC TRAINING PROGRAM INFORMATION:

--- All questions in this section must be answered in full by the student's academic advisor according to the J-1 Exchange Visitor Program regulations (22 C.F.R. 62.23(f)(5)(i)) ---

Proposed start date: _____ Proposed end date: _____

Name of employer: _____

Work location address: _____
(Street Address) (Building/Room Number)

(City) (State) (Zip Code)

Job title: _____

Number of hours/week: _____

Name of supervisor: _____ E-mail: _____

Please describe the goals and objectives of this Academic Training:

Please indicate how this Academic Training relates directly to the student's field of study:

Please describe why this training is an integral or critical part of the student's academic program:

Name of Academic Advisor/DGP completing this recommendation for Academic Training:

Signature: _____ **Date:** _____

Please submit this form **along with the employer's offer letter** to OIS for review:

E-mail: OIS@ncsu.edu Fax: 919-515-1402 Location: 320 Daniels Hall

For further information about J-1 Academic Training, please visit: <http://www.ncsu.edu/ois/current/j1actrain.php>