

Academic Training –Advisor Approval

Please fill out the below information and submit it to your Academic Advisor or GPD for completion. S/He will return it directly to ISSS.

Student Name: _____ ID# _____

SEVIS ID # N _____ E-Mail (ODU only) _____

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The above named student wishes to engage in "Academic Training" for J-1 visa holders. In order to properly process his/her request, the following information is necessary. Please complete and return this form to the International Student & Scholar Services in 102 Dragas International Center. If necessary, you can attach a separate sheet.

1. Description of the Program

Location: _____ Job Title: _____

Name and address of the training supervisor: _____

Number of hours per week _____ Dates of training: from _____ to _____

2. Goals & Objectives of the Specific Training Program

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

4. Why is the training an integral or critical part of the student/exchange visitor's academic program?

As the student's Academic Advisor or GPD, I have set forth the nature and details of this academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the "Academic Training" program that I have described.

Signature of the Academic Advisor or GPD

Date

Name and title of the Academic Advisor or GPD

Department

[Alternate] Responsible Officer Use Only

Approved Denied

The criteria and time limitations set forth in 22 CFR 514.23 (f)(3) and (4) ___are ___are not satisfied.

Until now, the EV has done _____ months of AT and is eligible for _____ more.

Notes: