ADVISOR’S RECOMMENDATION FOR ACADEMIC TRAINING
J-1 EXCHANGE VISITOR STUDENTS

Complete this form and return it to Office of International Students and Scholars, Room 125 International Center. For additional information, please call 280-6021.

Mr./Ms. ____________________________________________, a University of New Orleans J-1 student majoring in ____________________________________________, wants to engage in the "Academic Training" program discussed below.

1. DESCRIPTION OF THE TRAINING PROGRAM. Location ______________________________________________________
   Job title ____________________________________________________________________________________________________
   Name and address of the training supervisor ___________________________________________________________________
   ___________________________________________________________________________________________________________
   ________________________________________________________________
   Number of hours per week _____________            Dates of the training: From ________________ to ________________

2. GOALS AND 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 ACADEMIC PROGRAM OF THE EXCHANGE VISITOR STUDENT?
   _____________________________________________________________________________________________________________
   _____________________________________________________________________________________________________________
   _____________________________________________________________________________________________________________
   _____________________________________________________________________________________________________________
   _____________________________________________________________________________________________________________

As the student’s Academic Adviser or Dean I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. Therefore, I recommend that you authorize this student to participate in the “Academic Training” program that I have described.

Sincerely,

______________________________________________________________
Signature of the Academic Adviser or Dean                                                                                Date

Name and title of the Academic Adviser or Dean (please print or type)

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Academic Training Recommendation
Revised 04/2015
### EVALUATION BY RESPONSIBLE OFFICER

1. I have reviewed this document and determined that the "Academic Training" being requested ___ is ___ is not warranted.

2. The student ___ is ___ is not in good academic standing.

3. The student ___ is ___ is not in good standing with the Office of Student Accountability, Advocacy and Disability Services.

4. The criteria and time limitations set forth in 22 CFR §62.23(f)(3) and (4) ____are ____are not satisfied.

5. In order to ensure the quality of the "Academic Training" program, I hereby evaluate the effectiveness and appropriateness of the "Academic Training" in achieving the stated goals and objectives as follows: ____Satisfactory ____Unsatisfactory

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<tr>
<th>Name</th>
<th>Signature</th>
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**Academic Training Recommendation**

Revised 04/2015