

**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
(name of student)

_____, 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)

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

Name

Signature

Date