



TO: International Student Advisor

FROM:

Advisor's Name and Title

DATE:

RE: Academic Training for

Student's Name

1. Description of the Training Program

Job Title:

Training Supervisor Name:

Name of Training Site/Employing Institution:

Address:

Phone:

Fax:

E-mail:

Date of training:

from

to:

Hours per week:

Salary:

per:

2. Goals and objectives of the training program:

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

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

Signature of Academic Advisor: _____

Evaluation by Responsible Officer:

- I have review this letter and determined that the academic training requested is is not warranted
- The criteria and limitations set forth in 22 CFR 514.23(f)(3) and (4) are are not satisfied
- I hereby evaluate the effectiveness and appropriateness of the academic training in achieving the state of goals and objectives as follows: Satisfactory Unsatisfactory

Date:

Name and Title of the Responsible Officer