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# WESTERN MICHIGAN UNIVERSITY

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## **ACADEMIC ADVISER'S RECOMMENDATION FORM FOR J-1 STUDENT ACADEMIC TRAINING**

Mr./Ms. \_\_\_\_\_, a Western Michigan University J-1 student  
(student's last name, first name and middle name)

majoring in \_\_\_\_\_, wants to engage in the "Academic Training" program discussed below.

This student wishes to (*pick only one*):

- engage in academic training prior to completion of study
- engage in academic training after completion of study and is expected to complete the course of study on \_\_\_\_\_.

### **DESCRIPTION OF THE TRAINING PROGRAM**

Job Title: \_\_\_\_\_

Location (complete address): \_\_\_\_\_

Name and address of the training supervisor: \_\_\_\_\_

\_\_\_\_\_

Dates of the training program: From \_\_\_\_\_ to \_\_\_\_\_

Number of hours per week \_\_\_\_\_

### **GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **HOW DOES THE TRAINING PROGRAM RELATE TO THE STUDENT'S MAJOR FIELD OF STUDY?**

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\_\_\_\_\_

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**WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF THE ACADEMIC PROGRAM  
OF THE EXCHANGE VISITOR STUDENT?**

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As the student's Academic Adviser or chair, 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. With this letter I recommend that you authorize this student to participate in the J-1 Academic Training program that I have described.

\_\_\_\_\_  
Signature of the Academic Adviser or Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name and Title

\_\_\_\_\_  
College or Department

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**TO BE COMPLETED BY STUDENT:**

Student's name: \_\_\_\_\_

WIN #: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

# of credits remaining to graduate: \_\_\_\_\_

Expected date of completion: \_\_\_\_\_

List all periods of previously authorized employment for Academic Training.

<i>Example: full time -- 1/23/2005 – 5/31/2005</i>

Current address: \_\_\_\_\_

Phone: \_\_\_\_\_

I certify that I have always complied with U.S. immigration regulations governing J-1 (and J-2) status, including the health insurance requirements set by the U.S. Department of State.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_