



J-1 Academic Training Recommendation Form

Part 1: Filled out by STUDENT

Student Name:

Student Address (street, city and zip code):

Student email:

Student phone:

I have participated in previous J-1 Practical or Academic Training as indicated below:

From (month, day, year)	To (month, day, year)	Total Time

Annual or Monthly Salary:

(You may provide an offer letter or information on separate document)

- Please check this box to confirm that your post-graduation Academic Training will take place no later than 30 days after your graduation date.

Graduation Date

Employment Start Date

Student Signature

Date

Please contact me at this email address and/or phone number to pick up my approval letter:

E-mail

Phone

Part 2: Filled out by ADVISOR

(student name), a Northwestern University J-1 student majoring in

(department), wants to engage in the Academic Training program

discussed below.

1. Description of Training Program

Location

Job title

Name and address of the training supervisor

Number of hours per week

Training Start Date

Training End Date

2. Goal and objectives of specific training program

- 1.
- 2.
- 3.

3. How does 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 Advisor 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 form I recommend that you authorize this student to participate in the Academic Training Program I have described. I also certify that the above named student is in good academic standing at Northwestern University.

Academic Advisor Signature

Date

Name and title of Academic Advisor

Part 3. Filled out by International Office

1. I have reviewed this letter and determined that the Academic Training requested:
 - Is warranted
 - Is not warranted

2. The criteria and time limitations set forth in 22CFR § 514.23 (F)(3) and (4):
 - Are satisfied
 - Are not satisfied

3. 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

RO/ARO Signature

Date

Name and title of RO/ARO

Return to:
The International Office - Northwestern University
Telephone: 847-491-5613
Email: j-fullick@artic.edu