



**Purdue University
International Students & Scholars
Schleman Hall, Room 136
475 Stadium Mall Drive
West Lafayette, IN 47907**

REQUEST FOR Academic Training AUTHORIZATION

Today's Date: _____

Student's Name: _____

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

From: (Month, Day, Year)	To: (Month, Day, Year)	Total Time
From: (Month, Day, Year)	To: (Month, Day, Year)	Total Time
From: (Month, Day, Year)	To: (Month, Day, Year)	Total Time
From: (Month, Day, Year)	To: (Month, Day, Year)	Total Time

Student's Signature: _____

The student named above is in good academic standing.

Dean or Academic Advisor

Date