



ACADEMIC ADVISORS FORM

(This form must only be completed by an Academic Advisor or Dean of student's department)

Dear Immigration Counselor:

Mr./Ms. _____, a Purdue University J-1 student majoring in _____ wants to engage in the Academic Training program discussed below.

- 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 _____

- GOAL AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM:

- HOW DOES THE TRAINING RELATE TO THE STUDENT'S MAJOR FIELD OF STUDY?

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

- DATE ALL REQUIRED COURSE WORK COMPLETED: _____
 Month/Day/Year

- EXPECTED COMPLETION DATE OF DEGREE PROGRAM: _____
 Month/Day/Year
 DEGREE PROGRAM (Circle One): BS MS PhD Non-Degree

As the student's Academic Advisor or Dean, I have set forth the nature and details of the academic training program. I approved 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 Academic Training program I have described.

Sincerely,

Signature of the Academic Advisor or Dean Date

Name and Title of the Academic Advisor or Dean (Please Print or Type)

For ISS Use Only:

Evaluation by Responsible Officer

- I have reviewed this letter and determine that the Academic Training being requested (is _____ is not _____) warranted.
- The criteria and time limitations set forth in 22CFR 514.23 (f) (3) and (4) (are _____ are not _____) satisfied.
- 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 and Title of the J-1 Program Responsible Officer or Alternate Responsible Officer Date