

J-1 STUDENT ACADEMIC TRAINING REQUEST FORM (PAGE 2)

Student's Last Name(s):

First Name(s):

Provide a brief description of training program; list objectives & goals (*attach an additional page if necessary*):

How does this training relate to your academic program? (*attach an additional page if necessary*)

Certification by Supervisor

I certify that the training information above is correct. I understand that I am required to complete a mandatory evaluation on the student's performance upon completion of their training and that the evaluation forms can be found on the Dashew Center website:

Supervisor Name:

Signature:

Date:

Approval by Academic Advisor

As the student's Academic or Faculty Advisor I can confirm that I have read the description of the Academic Training above and agree that this training will enhance the student's academic program. I approve the amount of time requested as necessary to complete the goals and objectives of this training and recommend authorization of the student's Academic Training. The student is in good academic standing and will complete all of their program requirements by _____ (*use last term end date or end of filling fee period*).

Academic Advisor Name:

Email:

Phone:

Signature:

Date: