

J-1 STUDENT: ACADEMIC TRAINING RECOMMENDATION FORM

DIRECTIONS: All students must complete Section 1 and 2. Your Academic Advisor or Department Chair must complete Section 3 and provide all signatures. Students must submit this completed form with entire application packet to our office. Please allow 10 working days for processing.

SECTION 1: TO BE COMPLETED BY STUDENT

Name: _____ UCSD PID# _____
(LAST/FAMILY name, FIRST name)

E-mail Address: _____ Telephone: _____

Academic Level: Doctorate Masters Bachelors EAP GLI

Major/Academic Department: _____

Expected Program Completion Date (mm/dd/year): _____

Have you ever applied for a waiver of the two-year home residency requirement? ____ Yes ____ No
(If yes, please attach a copy of the recommendation and/or approval notice)

SECTION 2: DESCRIPTION OF THE TRAINING PROGRAM

Location: _____

Job Title: _____

Name and address of the training supervisor: _____

Number of hours per week: _____ Dates of training: From _____ to _____

Goals and objectives of the specific training program: _____

How does the training relate to your major field of study? _____

Why will the training enhance your academic program, or is the training an integral or critical part of your academic program? _____

(Please use reverse of this form if the above space is insufficient.)

SECTION 3: RECOMMENDATION

As the student's Academic Advisor or Department Chair, I approve of the amount of time requested as necessary to complete the goals and objectives of the training. I recommend employment authorization for this student to participate in the Academic Training program described above.

Name and Title of the Academic Advisor or Department Chair

Signature of the Academic Advisor or Department Chair

Phone

Email

Date