

INTERNATIONAL STUDENT AND SCHOLAR SERVICES
BINGHAMTON UNIVERSITY
Phone: (607) 777-2510 Fax: (607) 777-2889

**ACADEMIC ADVISOR'S RECOMMENDATION FORM
FOR ACADEMIC TRAINING
(Students in J-1 Status Only)**

This form is provided for your convenience. The information requested is to comply with the United States State Department (Bureau of Educational and Cultural Affairs). The international student named below is applying for academic training.

Academic training is defined as employment for wages or other remuneration that is directly related to a J-1 student's major field of study. The student must be in good academic standing, have an offer of employment, and have the written approval of the department advisor before authorization for academic training may be issued. The State Department requires that you briefly explain how the training relates to the student's major field of study and why it is an integral or critical part of the student's academic program.

Academic training may take place during a student's course of study and/or after graduation. It may carry academic credit or be non-credit.

Student's Name: _____
(please print)

Degree: ___ Bachelor's
___ Master's
___ PhD
___ Exchange

Field of Study: _____

Student's e-mail: _____

Student's phone number: _____

Student's B Number: _____

Student's Current US Address:

Student's Permanent Home Country Address:

Have you been previously awarded Academic Training? ___ Yes ___ No

If yes, please enter the details below

Start Date	End Date	Title

Name and Complete Address of Employer: this information is required by USCIS

Employer (company name) _____

Street Number and Street Name _____

City, State _____

Name of Training Supervisor (Required): _____

Email address of Training Supervisor: _____

Phone Number of Training Supervisor: _____

Location of Student's Employment: _____

Dates of Academic Training: from _____ to _____

Number of Hours per week: _____

Brief description of duties: _____

ACADEMIC ADVISOR COMPLETES THE FOLLOWING SECTION:

Please explain how the proposed training relates to the student's major field of study and why it is an integral part of the student's academic program:

I have had a discussion with this student. I confirm that he/she will complete all the requirements for the current program of study on (Please indicate the month, day and year below):

May_____,20___ August_____,20___ December_____,20___ January_____,20___

(Note: Only undergraduates are eligible for January graduation)

OR Student earned degree on: _____ (mm/yyyy)

Advisor's Signature: _____

Name & Title (please print): _____

Department: _____

Telephone: _____

Date: _____

e-mail address: _____

PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES

S: ISSS/shared/Employment/J-1/acadTraining

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