



J-1 STUDENT ACADEMIC TRAINING ADVISOR RECOMMENDATION

Date: _____

Dear Responsible Officer of Lawrence Technological University:

As the Academic Advisor for _____, Banner number _____,
I hereby recommend academic training.

The academic goals and objectives of the training include:

Description of the training program:

Job Title or Position: _____

Employer Name: _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's Contact Information – Phone: _____ E-mail: _____

Number of hours per week: _____

Dates of training: _____ to _____

The academic training which I am recommending relates to the student's major field of study in the following ways:

I certify that the recommended academic training is an integral part of the academic program.

Academic Advisor Signature: _____

Academic Advisor's Name: _____

Contact information - Phone: _____ Email: _____