

**International Student and Scholar Services  
Binghamton University Box 6000  
Binghamton, New York 13902-6000  
607-777-2510 (phone)  
607-777-2889 (fax)**

**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 program:    \_\_\_ Bachelor's  
                          \_\_\_ Master's  
                          \_\_\_ Ph.D  
                          \_\_\_ Exchange

Field of Study: \_\_\_\_\_

Student's Current US Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Permanent Home Country Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Complete Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Training Supervisor: \_\_\_\_\_

Dates of Academic Training:    from \_\_\_\_\_ to \_\_\_\_\_    Hours per week: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(OVER)**

**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:

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\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Name & Title (please print)

Department \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

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