



Recommendation for Academic Training

This form provides the information required to grant work authorization to a J-1 international student. The student's academic advisor should complete, sign and return this form to IPS.

Completed by Student

Last Name

First Name

MTU ID#

Field of Study/Department

Type of AT

Pre-Completion

Post-Completion of Studies

(Employment before completion of studies)

(Employment after completion of studies)

Employer

Address

Supervisor's Name

Supervisor's Email or Phone

Your job title

Number of hours per week

Dates of training: From

to

Completed by Advisor or Academic Department Chair or Dean

Please describe the goals and objectives of this training and how it is integral or critical part of the student's academic program:

I have reviewed the offer letter and confirm this work experience is related to the student's field of study or major and recommend the aforementioned AT period.

Faculty or Advisor's Name (Print)

Faculty or Advisor's Signature

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