International Student Services

PO Box 2230, State University AR 72467

Phone: 870-972-2329

[www.astate.edu/international](http://www.astate.edu/international)

**Recommendation for Academic Training Form (for J-1 Students)**

The Department of Homeland Security allows J-1 students the opportunity to do academic training while in the US. J-1 students must read the information listed in ‘Academic Training Instructions and Procedures’ for more detailed information regarding academic training. During academic training, J-1 students must follow all J-1 regulations in accordance with their status, and report any changes to the Office of International Programs at A-State. This form must be completed by the student and the academic advisor.

**To Be Completed By Student**

Last Name (of student):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name (of student):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A-State ID Number (of student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed By Academic Advisor**

All spaces must be thoroughly completed as all questions below are required by the Department of Homeland Security to be answered. If more space is required, you may include this information in a letter, or the information can be provided on an attached sheet included with this form.

**Section 1**

Name of the company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of the company (please include physical and mailing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Email address of the supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number of the supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The number of hours (approximately) the student will work per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of the employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2**

1. Please explain the type of work the student will do:
2. Please explain the goals the student would like to accomplish while on academic training:
3. Please explain how the specific work the student will do is related to the student’s program of study at A-State:
4. Please explain why the student should be considered for academic training:

Name of Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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