

The College of New Jersey
J-1 ACADEMIC TRAINING ADVISOR RECOMMENDATION FORM

Mr./Ms. _____, a TCNJ J-1 student majoring in _____, wants to engage in the "Academic Training" program discussed below. The completion date for the _____ (Bachelors/Masters) degree is/was _____ (mm/dd/yyyy). The student has secured professional employment as verified by the attached letter of offer from the prospective employer.

1. DESCRIPTION OF THE TRAINING PROGRAM

Location: _____

Job Title: _____

Name & Address of the Training Supervisor: _____
(Name)

(Street Address)

(City)

(State)

(Zip Code)

Number of Hours per Week: _____ **Date of the Training: From** _____ - _____

2. GOALS AND OBJECTIVES OF THE TRAINING PROGRAM:

3. HOW DOES THE TRAINING RELATE TO THE STUDENTS MAJOR FIELD OF STUDY?

4. WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF THE ACADEMIC PROGRAM OF THE EXCHANGE VISITING STUDENT?

As the student's Academic Advisor or Dean, I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the "Academic Training" program that I have described.

Signature of the Academic Advisor or Dean

Date

Name and title of the Academic Advisor or dean (please print or type)

EVALUATION BY RESPONSIBLE OFFICER

In order to ensure the quality of the "Academic Training" program, I hereby evaluate the effectiveness and appropriateness of the "Academic Training" in achieving the stated goals and objectives as follows:

_____ Satisfactory

_____ Unsatisfactory

Fax: 609-637-5128

Phone: 609-771-2596

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Responsible Officer or Alternate Responsible Officer Signature

Date