



# J-1 Academic Training Recommendation Form

## Instructions

If your Form DS-2019 was issued by Webster University, please complete this form and submit it, along with the job offer letter from your employer, to your faculty advisor or internship coordinator for approval.

After receiving their approval, submit a copy of the job offer letter and this completed form to International Services by emailing scanned PDFs or JPGs to [intlservices@webster.edu](mailto:intlservices@webster.edu).

Your subject line should be: "Academic Training Recommendation, Last Name, First Name, Webster ID #"

Your request will be processed and you will be contacted within 5-7 business days.

## Part I: To Be Completed by Student

### Student Information

Name: \_\_\_\_\_

U.S. Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student ID #: \_\_\_\_\_ SEVIS ID # (from DS-2019): \_\_\_\_\_

Major: \_\_\_\_\_ Level:  Bachelor's  Master's  DMgt

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Employer Information

Job Title: \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Location of Employer (Street Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Dates of Employment/Training (mm/dd/yy): Beginning \_\_\_/\_\_\_/\_\_\_ Ending \_\_\_/\_\_\_/\_\_\_

Part-time (20 hours/week or less)  Full-time (more than 20 hours/week)

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

## Part II: To Be Completed by Faculty Advisor/Internship Coordinator

1. Briefly describe the goals and objectives of the specific training program:

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2. Briefly describe how the training is an integral or critical part of the academic program and how it relates to the student's major field of study:

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### Faculty Advisor/Internship Coordinator's Certification

As the student's academic advisor or internship coordinator, I certify that the above employment is related to the student's field of study, and recommend that the International Student Advisor authorize academic training.

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please return this form to the student for submission to International Services*