

ACADEMIC TRAINING ADVISOR RECOMMENDATION FORM

A J-1 student's academic or faculty advisor at UCLA must review and approve their Academic Training offer. All fields below must be filled out prior to obtaining the advisor signature. **Type only.**

PART 1: BIOGRAPHICAL INFORMATION

Last Name(s):

First Name(s):

UCLA ID#:

PART 2: PROGRAM INFORMATION

UCLA Department Name:

Academic Level:

Expected Program/Degree completion date:

PART 3: ACADEMIC TRAINING INFORMATION

Supervisor Name & Title:

Organization Name:

Organization Address:

Training Start Date:

Training End Date:

Hours per week:

Description of training program; list objectives & goals (*attach an additional page if necessary*):

How does the training relate to the student's academic program at UCLA? (*attach an additional page if necessary*):

Approval by Academic Advisor

As the student's Academic or Faculty Advisor at UCLA, I agree that the training outlined above is directly related to their major field of study and will enhance their academic program. I approve the amount of time requested as necessary to complete the goals and objectives of this training and recommend authorization of the student's Academic Training.

Academic Advisor Name:

Email:

Phone:

Signature:

Date: