

# Academic Training Employment Recommendation Form

## To be completed by Adviser at home institution

International students in J-1 status will be eligible to participate in Academic Training following one semester of full-time study. In most cases these students will be exchange students at SUNY New Paltz for one or two semesters, and participating in Academic Training prior to their planned return to their home institution. The Academic Training is an extension of their program as long as it coincides with their academic objective. The purpose of this form is to guarantee the integrity of the program by having advising approval of the proposed training. Based on this recommendation by the home institution, an adviser in International Student Programs at SUNY New Paltz will provide legal authorization for the student to accept the employment. The student must show to you proof of the internship and its details.

### To be completed by the student:

Date: \_\_\_\_\_  
MM/DD/YYYY

Student's name (as it appears on passport): \_\_\_\_\_  
Given/First Name Name Last/Surname

US address while on academic training: \_\_\_\_\_

The above-named student is in good standing at SUNY New Paltz and has been offered a position to participate in academic training. The specifics of the position are as follows:

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

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

Supervisor's name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Goals and Objectives of the Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of employment: Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Full-time \_\_\_\_\_ Part-time (20 hours or less) \_\_\_\_\_

[Students are only eligible for full-time Academic Training during school breaks or following completion of program.]

### To be completed by Adviser at home institution (and returned to student):

I have reviewed the job description for the position listed above and certify that it is directly related to the student's field of study.

\_\_\_\_\_  
Name of Adviser

\_\_\_\_\_  
Signature of Adviser

\_\_\_\_\_  
Department/School

\_\_\_\_\_  
Date MM/DD/YYYY