



**Western Oregon University
Academic Advisor's Academic Training Certification**

This form is to be completed by the WOU academic advisor, department head, or dean on behalf of the student named below. This student is applying for Academic Training for J-1 students.

Use the job letter the student provided with this form in order to complete this form. This document must confirm that the employment/training activities are related to the student's major or program of study.

J-1 Student Name: _____ Student ID # _____

Student's Major: _____

Training Program: Location Name / Address: _____ / _____

Job Title: _____ **Supervisor's Name** _____

Supervisor's Address: _____

Work Hours per Week: _____ **Dates of Training:** _____ to _____

Goals and Objectives of the Specified Training Program:

How does the Training Relate to the Student's Major Field of Study or Program?

Why is the Training an Integral or Critical Part of the student's academic program:

Certification: As the student's Academic Advisor/Department Head/Dean, I agree with length of time requested as necessary to complete the goals and objectives of the training. I recommend that you authorize this student to participate in the Academic Training program described here.

Signature Printed Name Phone Number Date

ISSA Office Use Only:

I have reviewed this letter and determined that the Academic Training being requested is/is not warranted.
The criteria and time limitations set forth in 22 CFR 514.23(f)(3) and (4) are/are not satisfied.
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 and Approved Unsatisfactory and Denied
Responsible Officer's Signature/Date: _____

- Date Stamped Health insurance
- DB updated Max AT length _____