



Middlebury

International Student & Scholar Services
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LETTER FROM ACADEMIC ADVISOR FOR ACADEMIC TRAINING

To: International Student Advisor

From: _____
Advisor's Name and Title

Date: _____

RE: Academic Training for _____
Student's Name

1. Description of the training program

Job Title:

Training Supervisor Name:

Address:

Phone:

Fax:

Email:

Date of Training:

From:

To:

Hours per week:

Salary:

\$

Per:

2. Goals and objectives of the training program:

3. How does the training relate to the student's major field of study?

4. Why is the training an integral/critical part of the student's academic program?

Signature of Academic Advisor:

Evaluation by Responsible Officer:

1. I have reviewed this letter and determined that the academic training requested is: warranted ___ not warranted ___ .

2. The criteria and limitations set forth in 22 CFR 514.23(f)(3) and (4) are: satisfied ___ not satisfied ___ .

3. I hereby evaluate the effectiveness and appropriateness of the academic training in achieving the state of goals and objectives as follows: Satisfactory ___ Unsatisfactory ___ .

Name of Responsible Officer

Title of Responsible Officer

Date