

How is the academic training experience an integral or critical part of the student's academic program?

As the student's Academic Advisor, I have set forth the nature and details of the academic training program. I approve the time requested as necessary to complete the goals and objectives of the training. By signing below I recommend the Office of International Students & Scholars to authorize this student to participate in the academic training program described above.

Name of Academic Advisor

Signature _____

Date _____

..... *Please do not write below the dotted line*

1. I have reviewed this form and determined that the "Academic Training" being requested is:

Granted

Not granted

2. The criteria and time limitations set forth in 22 CFR & 514.23(f)(3) and (4) are:

Satisfied

Not satisfied

3. The stated goals and objective for the proposed academic training are:

Satisfactory

Unsatisfactory

Needs revision

Dr. Dania Brandford-Calvo, Director
Office of International Students and Scholars
University of Rhode Island/Exchange Visitor Program No. P-1-01629

Date