Letter of Recommendation from Academic Advisor

What are the goals and objectives of the training program (co-op/academic training)?

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Please describe the training program, including its name, address and phone number; number of hours per week; and the starting and ending dates of the training.

See attached letter from employer.

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How does the training relate to the student’s major field of study?

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Why is it an integral or critical part of the student’s academic program? [22CFR514.23(f)(5)(i)]

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Academic Advisor (Signature)          Academic Advisor (Print)          Date