Letter of Recommendation from Academic Advisor

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

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.

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

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