Letter From Academic Advisor For Academic Training (AT)

To:		International Student Advisor	
Fro	m:		
		Advisor	's Name and Title
Date:			
Re:		Academic Training For	
1.	Descriptio Job Title		n of the Training Program
	Em	ployer	Name, address, phone, and fax number of the training supervisor:
[Date	of AT:	from to hours per week
2. Goals and objectives of AT:		objectives of AT:	
3.	How does AT relate to the student's major field of study?		
4.	4. Why is AT an integral/critical part of this student's academic prog		an integral/critical part of this student's academic program?
Signature of Academic Advisor			
Evaluation by Responsible Officer:			

- I have received this letter and determined that AT requested
 The criteria and limitations set forth in 8VFR 214.2 (f)(10)(i)
- is is not warranted.

(f)(10)(i) is are not satisfied.