

**ACADEMIC TRAINING  
ACADEMIC ADVISOR'S RECOMMENDATION FORM  
BINGHAMTON UNIVERSITY  
INTERNATIONAL STUDENT AND SCHOLAR SERVICES**

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**STUDENT COMPLETES THIS SECTION:**

Student Name:  
E-Mail Address:

B Number:  
Phone:

Type of Academic Training applying for:

- Post-completion (Degree will be completed by the AT start date)  
 Pre-completion (Degree will **not** be completed by the AT start date)

**By signing this form, I agree that I will comply with the regulations governing AT and J-1 Status.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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**ACADEMIC ADVISOR/DEPARTMENT COMPLETES THIS SECTION:**

The student named above will complete/has completed all degree requirements for:

- Bachelor's       Master's       Doctorate       Exchange

**The student will complete/has completed all degree requirements or exchange program in the following semester:**

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_ Winter 20\_\_\_\_

**\*\*Please note, only Undergraduate Students can graduate in the winter session\*\***

Name of employer (Company Name):

Employer address:

Site address (Where student is physically working):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Job Title:

Number of hours per week:

Start date:

End date:

Supervisor's first name:

Supervisor's last name:

Supervisor's phone number:

Supervisor's email address:

Describe the goals/objectives of the student's Academic Training experience:

Explain how the Academic Training relates to the student's program of study:

Explain how the Academic Training is an integral/critical part of the student's academic program:

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Department

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

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**To Submit Application:** Email completed form along with your employment offer letter to [intlwork@binghamton.edu](mailto:intlwork@binghamton.edu).