
The purpose of this form is to provide a recommendation for an international student to undertake practical training in his or her field of studies. This document is a part of the application process necessary for obtaining a work authorization from the International Office.

Information is to be filled out ONLY by the Academic Advisor:

1. **Student's Name:**

2. **Degree Level:**

3. **Field of Study:**

4. **Expected Graduation Date:**

5. **This student is in good academic standing.** Yes No

6. **Briefly describe the student's proposed employment:**

7. **Employer Name:**

Full street address:

Supervisor:

Email:

Position:

Phone & Website:

Dates of employment: **Beginning** **End**

Full-time (more than 20 hours per week) or **Part-time** (20 or fewer hours per week)

8. **The employment will be undertaken for one of the following reasons:**

Work is needed to fulfill degree requirements. **Indicate Course**

Work will or will not count towards university credit; part of an established curriculum (only applicable for clinical training or co-op experiences). **Indicate Course**

Other, please explain in detail. **Indicate Course**

Academic Advisor's Name (please print)

Title

Phone

Signature

Date