

**REQUEST FOR ACADEMIC TRAINING AUTHORIZATION**

***MUST be completed by academic advisor or dean.***

By completing this form and signing below you are certifying the appropriateness of the proposed academic training for a Fulbright student and, hence, supporting the Fulbright program, an international exchange program sponsored by the U.S. Department of State (DOS) and partner governments. The program seeks out academically exceptional individuals with the potential to take on the challenges of contributing to their fields in their home countries. Your role in determining the academic merit of this opportunity is much appreciated. Fulbright exchange students, as J-1 visa holders [22 Code of Federal Regulations 62.23 (f)], can apply for DOS and home-country-sponsor approval to participate in academic training and are required to return home for a minimum of two years after completing academic training.

Please comment on whether the academic training opportunity is consistent with the following:

- Hones skills that prepare the student for the home country job market;
- Directly relates to the Fulbrighter's field of study;
- Encourages the Fulbright goal of building human networks around the globe by honoring and contributing to the student's commitment to develop his or her field of study in the home country.

Fulbrighter's name: \_\_\_\_\_ University: \_\_\_\_\_

Degree completion date: \_\_\_\_\_ Field of study: \_\_\_\_\_

Proposed training position: \_\_\_\_\_

Name of academic training company/organization: \_\_\_\_\_

Inclusive dates of training program: Start: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please describe the academic training program including the goals and objectives.

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Explain how the training relates to the student's field of study and why it is a critical part of this Fulbrighter's academic program.

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**ENDORSEMENT OF ACADEMIC ADVISOR**

*I fully support this request for academic training.*

\_\_\_\_\_  
 Name Signature

\_\_\_\_\_  
 Date Title E-mail Phone Number