

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

---

**STUDENT COMPLETES THIS SECTION:**

Student Name: \_\_\_\_\_ B Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ 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

---

**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 Tr