



Academic Training Application

Part 1: Personal Information			
Last Name:		First Name:	
Program of Study:		Degree Level:	UG GR
Student Signature:		Date (mm/dd/yyyy):	

Part 2: Description of the training program		
Name of Employer:		
Name of Supervisor/ Manager:		
Address of Employer:		
City:	State:	Zip:
Email:		
Phone Number:	Fax:	
Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	
Number of Hours Per Week:		
Goals and objectives of the training program:		
How Academic Training relates to your major field of study:		
How proposed Academic Training is an integral/critical part of academic program:		

Application is continued on the back of this sheet --->

Office Use Only: Date Received: _____ Advisor's Initials: _____



Part 3: Description of the training program

As this student's academic advisor, I have reviewed the information submitted by the student above and certify that the proposed academic training is an integral/critical part of their program of study and that it is directly related to the student's major field of study.

Last Name:	First Name:
Title:	E-mail:
Department/School:	
Signature:	Date (mm/dd/yyyy):