

## J-1: Academic Training

## **Academic Advisor Recommendation**

<u>Student Applicant</u>: Please complete Section I of this form. Then, provide this form and a copy of your employment letter to your Academic Advisor for review and completion of Step 2.

## **SECTION I**

Student's Last Name(s):	Student's First Name(s):	
Email:	Phone:	
Employer:	Supervisor Name:	
Employer Address (physical address where you will work):	Supervisor Phone: Supervisor Email:	
Will you be paid? No Yes  If paid by a third party (other than the employer named above), please indicate name of third party:	Job Title:	
Hours: Part Time (20 hrs. /wk. or less) Full Time (over 20 hrs. /wk.)	Start Date (mm/dd/yy):	End Date (mm/dd/yy):
Describe the goals and objectives of the training program red	quested:	
Describe how the training directly relates to your field of students	dy at Babson:	
Describe how this training is an integral and critical part of y	your academic program:	
SECTION II		
<b>Academic Advisor:</b> As the student's academic advisor, I be related to her/his academic program at Babson College and		
Signature:	Date:	
Name (please print):		