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I



INTERNATIONAL



Name: _____ UNF ID: _____

Major/Field of Study: _____

I certify that the information provided in this form is accurate.

Signature: _____ Date: _____



Name of Company: _____

Address: _____

Supervisor: _____ Phone: _____ E-mail: _____

Dates of Training: from _____ to _____ Number of hours per week: _____

Goals and objectives of the specific training program: _____

How the training relates to the student's major field of study: _____

How the training is an integral or critical part of the academic program: _____



I have reviewed and evaluated the effectiveness and appropriateness of the proposed academic training program, and I recommend that this student be authorized to engage in the program as described.

Signature: _____ Date: _____

Name and title (please print): _____