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**ACADEMIC TRAINING APPLICATION**

## **DEPARTMENTAL RECOMMENDATION**

**NAME OF STUDENT:**

**FIELD OF STUDY:** **COMPLETION DATE OF EXCHANGE PROGRAM:**

**To the student:** Complete the above information. Submit this form to your UR academic advisor.

**To the faculty:** The above student is currently in the U.S. on a nonimmigrant student visa and is applying for ***Academic Training*** authorization. Academic Training is an experiential component of the student's academic experience. Academic Training cannot be used to begin permanent employment. To authorize the student for this work experience, we would appreciate your assistance in answering the following questions to support the student’s request for Academic Training authorization.

1. At this particular point in the student's academic program, how will this work experience relate to the student's course of study and contribute in a significant way to the realization of a professional career?

1. Will this student receive academic credit for this training? Please list the course number, number of units/credits and method of assessment for this work.

1. Does your department have a policy that prohibits students who earn credit from an internship from being paid?

NAME       TITLE

SIGNATURE       DATE

Deadlines: **May 1** for the spring semester **December 1** for the fall semester

\*\*Please email to Diana Trinh, International Student Advisor, Office of International Education, University of Richmond at dtrinh@richmond.edu.