

Advisor's Recommendation for Academic Training

To be completed by student:

Student's name:

Email Address:

Current Local Address:

Residence Hall/Room or Street Name/Apt # City, State, Zip

Current Phone Number:

Social Security Number:

List Specific dates of any
Previous Academic Training:

Name and address of employer:

Brief description of your duties:

(attach a separate sheet if needed)

Specific dates of employment:

Hours per week:

To be completed by academic advisor:

The student named above has requested permission to engage in Academic Training either during the course of his/her work at Brandeis or after having completed his/her program. In order to qualify for work permission, the student must already have a job offer, and the job must be directly related to the student's major field of study. Please review the student's job offer letter. If you approve that the nature of the training and details set forth above are in accordance with the student's academic program and agree that it is appropriate for this student to participate in the requested Academic Training, please sign below. Your authorization or non-authorization will assist an ISSO advisor in making the final determination on this student's eligibility for Academic Training.

Advisor's signature Advisor's name and title (please print)

Date