

Academic Advisor Recommendation Form for Practical Training

To be completed by Faculty Advisor or Department Chair

To: The International Services Office (ISO)

From: _____
Print Name Title

Department Address

Re: Optional Practical Training Recommendation for:

Student Name ID Number

This memo serves to confirm that the above named student is currently a student in the department of _____ at the University of New Haven majoring in the field of _____. The practical training sought by this student is directly related to his/her field of study and is recommended by this department.

This student (Please check one):

_____ Is interested in practical training for the summer _____ and intends to
(Year)
register for the Fall Term of this academic year.

_____ Is interested in practical training while school is in session (work must not exceed
20 hours per week). STUDENT MUST MAINTAIN FULL-TIME STATUS.

_____ Has completed all course requirements (excluding the thesis or dissertation).

_____ Has completed, or is expected to complete, the course of study and graduate on

Date

Signature _____ Date _____