



J-1



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INTERNATI



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): \_\_\_\_\_