

ACADEMIC TRAINING (AT) APPLICATION

	PART	Γ 1: To be completed by stude	<u>ent</u>	
Family Name:		First Name:		
BU Student ID#:	-	SEVIS ID#:		
Phone #:		Email:		
Company Name:				
Street Address:				
City:		State:	Zip Cod	le:
Supervisor:				
Phone #:		Email:		
Start Date:	//	End Date:	/	/
# of Hours Per Week:		Paid or Unpaid:		
Student's Signatu	re:		Date:	
experience of this student and they will be enrolled in the following internship course: I have reviewed the student's job offer letter from and I recommend the AT. Main goals/objectives of this work experience:				
	tes to the student's field of state of	tudy: gral to the student's academic pr	ogram:	
UG Academic A	dvisor or		Data	



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PART S	3: To be completed by the Smith Career Center Representative
I,	, certify that the student named above has met with me regarding this
academic training opportunit	ty and I have seen the student's offer letter. The student has been approved for an
$internship\ through\ the\ Smith$	Career Center. The student will be enrolled in the following internship course:
Smith Career Center Representative Signature:	Date:
	PART 4: To be completed by the International Advisor
Based on the information stat	red above and approval from the Smith Career Center, I,
	, have determined that the academic training being requested is warranted
and fulfills the necessary requ	tirements. This academic training experience has been approved.
ARO Signature:	Date:

<u>Please make sure to keep this form after its completion as it is proof of your authorization to work.</u> Please note that this is your only proof of authorization and you may need this document for future reference.