

GOALS & OBJECTIVES FOR SPECIFIC AT PROGRAM:

HOW IS AT RELATED TO THE STUDENT'S MAJOR/FIELD OF STUDY:

WHY IS THE AT AN INTEGRAL OR CRITICAL PART OF THE STUDENT'S DEGREE PROGRAM:

Name of Academic Advisor/Authorized Personnel

Signature

MM/DD/YY

PRE-COMPLETION ACADEMIC TRAINING ONLY: To be reviewed and approved by Graduate School Academic Affairs (not needed for MPA and 2-year Master's in Finance students required summer internship or undergrads)

Assistant Dean Murphy or Assistant Dean Hill Signature

_____/_____/_____
MM/DD/YY

FOR Davis International Center USE ONLY:

- I have reviewed this letter and determined that the AT requested is is not warranted.
- The criteria and time limitations set forth in 22 CFR§514.23(f)(3) and (4) are are not satisfied.
- I hereby evaluate the effectiveness and appropriateness of the AT in achieving the stated goals and objectives as follows: satisfactory unsatisfactory.

Name of J-1 Program RO or ARO

Signature

_____/_____/_____
Date