



Dartmouth College • Office of Visa and Immigration Services

44 North College Street • Suite 6202 • Hanover • New Hampshire • 03755

Telephone: (603) 646.3474 • Fax: (603) 646.1616 • Blitz Bulletin: "Visa Services"

Email: Visa.and.Immigration.Services@Dartmouth.edu • Web: <http://www.dartmouth.edu/~ovis>

Academic Advisor Certification of Proposed J-1 Academic Training

(Please return to Office of Visa & Immigration Services (OVIS), HB 6202 with copy of job offer letter, at least two weeks prior to the completion of your academic program)

Name of Student: _____

Field of study / Major field: _____

Degree program: _____

Date of graduation or program completion (date thesis submitted or last exam completed):

Description of the training program or employment:

Name of Company: _____

Location: _____

Job title: _____ Salary per year: _____

Name of training or employment supervisor: _____

Number of hours per week ____ Dates of the training: From _____ to _____

Please briefly list the goals and objectives of the training program or employment:

How does the training or employment relate to the student's field of study?

Please briefly state why or how the training program or employment is critical to the student's academic program.

As the student's academic advisor or Dean I have approved the details of the academic training program and the amount of time requested as necessary to complete the goals and objectives of the training. I recommend that this student be authorized to participate in the program described on this form.

Signature of the Academic Advisor or Dean

Date

Name and title of the Academic Advisor or Dean

Student Health Insurance Information:

Company Name: _____

Dates of Additional coverage: _____

I certify that I will maintain adequate health insurance coverage that meets U.S. State Department minimum requirements for the duration of my academic training period.

Student Signature

Printed name

Date