



INTERNATIONAL SERVICES – OFFICE OF ADMISSION
470 E. LOCKWOOD AVE • ST. LOUIS, MO 63119
PHONE: 314-246-6964 • FAX: 314-246-7122

ACADEMIC TRAINING RECOMMENDATION FORM

If you have a Form DS-2019 from another organization, please contact that organization for information about academic training. If your Form DS-2019 was issued by Webster University, please complete this form and submit it along with the job offer letter from your employer to your faculty advisor or internship coordinator for approval. Finally, submit copy of the job offer letter from your employer and the completed Academic Training Recommendation Form to the International Services in the Office of Admission.

PART I: TO BE COMPLETED BY STUDENT

Student Information

Name: _____
Local (U.S.) Address: _____
Student ID #: _____ SEVIS ID # (from DS-2019): _____
Major: _____ Level: Bachelor's Master's DMgt
Phone: _____ Email: _____

Employer Information

Job Title: _____
Name of Supervisor: _____
Name of Employer: _____
Location of Employer (Street Address): _____
City: _____ State: _____ Zip Code: _____
Employer Phone: _____
Dates of Employment/Training (mm/dd/yy): Beginning ___/___/___ Ending ___/___/___
 Part-time (20 hours/week or less) Full-time (more than 20 hours/week)
Signature _____ Date: _____

PART II: TO BE COMPLETED BY FACULTY ADVISOR/INTERNSHIP COORDINATOR

1. Briefly describe the goals and objectives of the specific training program.

2. Briefly describe how the training is an integral or critical part of the academic program and how it relates to the student's major field of study.

Faculty Advisor/Internship Coordinator's Certification

As the student's Academic Advisor or internship coordinator, I certify that the above employment is related to the student's field of study, and recommend that International Student Advisor authorize academic training.

Name: _____ Phone: _____

Signature: _____ Date: _____