



AT Advisor Authorization Form

PART I: STUDENT INFORMATION (to be completed by the student)

Student's Name:	ID#:
Major (s):	
Phone Number:	E-mail Address:
<p>I understand that I am only eligible for Academic Training (AT) if:</p> <ul style="list-style-type: none"> I am primarily in the United States to study rather than engage in Academic Training. I am participating in AT that is directly related to my major field of study at Champlain College. I have a GPA 2.0 or above and am in good academic standing at Champlain College. I understand that any pre-completion AT will be deducted from my total eligibility for AT. By completing and submitting this form, I am seeking the written approval in advance from my RO/ARO for the duration and type of academic training. I will inform my RO/ARO of any changes in address and maintain health insurance during AT. 	
Student's Signature: _____ Date: _____	

PART II: ACADEMIC TRAINING PROGRAM INFORMATION (to be completed by the student's professor/academic advisor)

Nature of Program: (Please check those that apply)	<input type="checkbox"/> Required by program	<input type="checkbox"/> Recommended, not required by program	<input type="checkbox"/> For Credit	<input type="checkbox"/> Not for Credit
Payment: (Please check one)	<input type="checkbox"/> Paid		<input type="checkbox"/> Unpaid	
Course Number:	Number of Credits:	Semester of Training:		
Training Supervisor/Course Lecturer:				
Training Site Name:	Address of Training Site:			
Dates of Training:				
Goals/Objectives of Training:				
Total Number of Hours to work : () hours per week X () weeks = () TOTAL HOURS				

I certify that the above named student is in good academic standing at Champlain College. I certify that the academic training above is a critical part of the student's academic program and is related to his or her field of study.

Signature, Academic Advisor _____ Name, Academic Advisor (Please Print) _____ Date _____

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