



**ACADEMIC TRAINING AUTHORIZATION – DEPARTMENT LETTER OF SUPPORT**

*(To be completed by student's academic advisor)*

Student's Name \_\_\_\_\_ Student's Panther ID \_\_\_\_\_

Academic Advisor Name \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

FIU College \_\_\_\_\_ Department \_\_\_\_\_

**Please describe the goals and objectives of the specific academic training (AT) program.**

**Describe how the proposed AT duties are directly related to the student's field of study.**



Based on the premise that Exchange Visiting students' main purpose is to study and exchange their culture, please explain why the training is an integral or critical part of the academic program.

**Please work with student to provide:**

Mid-Program Check in Date \_\_\_\_\_

End of Program Check in Date \_\_\_\_\_

*(These are the dates when the student will seek the assistance from the AT supervisor and you (his/her advisor) to report back to ISSS on his performance, goal accomplishment, and completion of the AT experience).*

**I confirm that the above is true and correct to the best of my knowledge.**

Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_