



Request for Academic Training

International Services

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Student Information

CGU ID# 254 - _____

Last Name _____

First Name _____

Department/Program _____

Degree _____

Description of Training Program

Name of Company: _____

Address of Company: _____

Position Title: _____

Number of Hours Per Week: _____ Part-Time (20 hours or less) _____ Full-Time (More than 20 hours)

Start Date (mm/dd/yy): _____ End Date (mm/dd/yy): _____

Name of Training Supervisor: _____

Telephone, and/or email of Training Supervisor: _____

DESCRIPTION OF THE TRAINING PROGRAM (to be completed with your Academic Advisor)

1. Goals and objectives of the specific training program.

2. How does the training relate to the student's major field of study?

3. Why is the training an integral/critical part of the exchange visitor student's academic program?
(If the student has completed his/her program, explain how this training is a direct application of the program of study).

Department Authorization: As the student's Academic Advisor I have set forth the nature and details of the "Academic Training" Program listed above. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With my signature below, I recommend that you authorize this individual to participate in the "Academic Training" program that I have described.

Academic Advisor Name & Title: _____

Academic Advisor Signature (required): _____

Date: _____