University of Alaska Fairbanks J-1 Student Intern Program Academic Advisor Form

The University of Alaska Fairbanks (UAF) is an official J-1 Exchange Visitor Program sponsor, designated by the United States Department of State. This form must be completed by the academic advisor (professor or administrator at the home institution) of a student who wishes to participate in a J-1 Student Internship Program at UAF.

Student's Name:						
	Surname/Family Name(s)			Given/First Name(s)		
	Academic Advisor (P	rofessor or A	dministr	ator) Informatio	n	
Surname/Family Na	ame(s):		Given/First	Name(s):		
Title:		Name of Institut	ion:			
		U				,
Degree/academic l	evel this student is currently enro					
Student's Area of St	tudies:					
This student is in go	ood academic standing and is prog	gressing normally to	ward the co	mpletion of their degree	. O Yes	⊖ No
Student's estimate	d academic program completion	date (month/day/ye	ear):			
On completion of the J-1 Student Internship at UAF, this student plans to return and complete their degree O Yes O						⊖ No
	otion of this internship opportunit that this experience will enhance				⊖ Yes	⊖ No
Additional Comme	nts:					
Please attach a sepa	arate sheet if necessary.					
Advisor's Signature:			Date: mm/dd/yyyy			
C C	pleting this form and confirming th		rding the stu	ident's academic prograi	m in relation	to this J-1
If the student inte	n served as a translator/interpr	eter for the adviso	r, please hav	ve the student sign below	w confirming	y that the

advisor fully understood the content of this document and the internship opportunity at UAF before signing.

Student Intern's Signature: _

Date: mm/dd/yyyy