



OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES

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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 Eastern Kentucky University, please complete this form and submit it along with the job offer letter from your employer to our office.

TO BE COMPLETED BY STUDENT

Student Information

Last Name: _____ First Name: _____

EKU ID #: _____ Phone #: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Major: _____

Level: Bachelors Masters Doctoral Non-degree/Exchange

Employer Information

Job Title: _____

Job Responsibilities: _____

Name of Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Name of Supervisor: _____ Phone: _____

Number of hours per week: _____

Dates of Employment/Training (mm/dd/yyyy): Beginning ____/____/____ Ending ____/____/____

Part-time (20 hours/week or less) Full-time (more than 20 hours/week)

TO BE COMPLETED BY STUDENT'S ACADEMIC ADVISOR

1. Briefly describe the main goals and objectives of the employment/academic training program.

2. Briefly describe how the job/training is related to the student's field of study.

3. Why is this position an integral or critical part of the student's academic program?

Name and Title Academic Advisor

Phone Number

Signature of Academic Advisor

Date