



# CHAMPLAIN COLLEGE

*International Student Services*

## 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"> <li>• I am primarily in the United States to study rather than engage in Academic Training.</li> <li>• I am participating in AT that is directly related to my major field of study at Champlain College.</li> <li>• I have a GPA 2.0 or above and am in good academic standing at Champlain College.</li> <li>• I understand that any pre-completion AT will be deducted from my total eligibility for AT.</li> <li>• By completing and submitting this form, I am seeking the written approval in advance from my A/RO for the duration and type of academic training.</li> <li>• I will inform my A/RO of any changes in address and maintain health insurance during AT.</li> </ul>	
Student's Signature	Date

### PART II: ACADEMIC TRAINING PROGRAM INFORMATION (to be completed by the student's professor/academic advisor - when completed, return to [international@champlain.edu](mailto:international@champlain.edu))

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 their field of study.**

Signature, Academic Advisor

Name, Academic Advisor (Please Print)

Date