

## J-1 Exchange Visitor Academic Training Request Form

- Employment may not start until the Academic Training is authorized by the Office of International Students as evidenced by an endorsement on the student's Form DS-2019.
- This is a fillable PDF. Please complete the appropriate section of the form and return it to the student.
- Please create a digital signature to sign your section of the form.

<b>Section 1: To Be Completed By Student</b>	
<b>Surname:</b>	<b>Given Name:</b>
<b>Student ID Number:</b>	<b>SEVIS Number:</b>
<b>Academic Program:</b>	<b>Degree Level:</b> Master's <input type="checkbox"/> Doctoral Level I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
<i>I understand that I must inform the Office of International Students of any changes in the conditions of my employment while on a period of authorized Academic Training.</i>	
<b>Signature of Student:</b> _____ <b>Date:</b> _____	
<b>Section 2: To Be Completed By The Prospective Employer</b>	
<b>Name of Employer:</b>	<b>Name of Supervisor:</b>
<b>Address of Employer (street, city, state &amp; ZIP code):</b>	<b>Telephone Number of Supervisor:</b>
	<b>Email Address of Supervisor:</b>
<b>Job Title:</b>	<b>Start Date:</b>
<b>Salary:</b>	<b>End Date:</b>
<b>Number of Hours Per Week:</b>	<b>Date Health Insurance Benefits Will Begin:</b>
<b>Description of Job Responsibilities and Duties:</b>	<b>Complete Description of Health Insurance Benefits Provided:</b>
	<i>* If health insurance benefits are not provided for this position please indicate "none" in this box</i>
<b>Signature:</b>	<b>Title:</b>
	<b>Date:</b>

### Section 3: To Be Completed By Academic Advisor or Executive Officer

**Program Completion Date:**

*\* This date should be the completion of all degree requirements (e.g. deposit date of either dissertation, thesis or capstone project), not the graduation or diploma date.*

**Goal and Objectives of the Specific Training Program:**

**How does the training relate to the student's field of study?**

**Why is the training an integral or critical part of the student's academic program?**

**How will the training be evaluated for its effectiveness and appropriateness?**

If the student is applying for full-time Academic Training (employment of more than 20 hours per week) prior to completion of the degree, I approve the full-time activity and believe that the student will continue to make satisfactory progress towards his or her degree.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_