This form is provided for your convenience. The information requested is to comply with the United States State Department (Bureau of Educational and Cultural Affairs). The international student named below is applying for academic training.

Academic training is defined as employment for wages or other remuneration that is directly related to a J-1 student’s major field of study. The student must be in good academic standing, have an offer of employment, and have the written approval of the department advisor before authorization for academic training may be issued. The State Department requires that you briefly explain how the training relates to the student’s major field of study and why it is an integral or critical part of the student’s academic program.

Academic training may take place during a student’s course of study and/or after graduation. It may carry academic credit or be non-credit.

Student’s Name: ___________________________________________ Degree: ___ Bachelor’s 
(please print) ___ Master’s 
___ PhD 
___ Exchange
Field of Study: ___________________________________________ 

Student’s e-mail: __________________________

Student’s phone number: __________________________

Student’s B Number: __________________________

Student’s Current US Address: 
____________________________________ 
____________________________________ 
____________________________________ 
____________________________________ 

Student’s Permanent Home Country Address: 
____________________________________ 
____________________________________ 
____________________________________ 
____________________________________ 

Have you been previously awarded Academic Training? _____ Yes _____ No

If yes, please enter the details below

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<th>Start Date</th>
<th>End Date</th>
<th>Title</th>
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Name and Complete Address of Employer: this information is required by USCIS

Employer (company name) _______________________________________________________
Street Number and Street Name ___________________________________________________
City, State ___________________________________________________________________

Name of Training Supervisor (Required):

Email address of Training Supervisor: ___________________________________________
Phone Number of Training Supervisor: ___________________________________________
Location of Student’s Employment: _______________________________________________

Dates of Academic Training: from _______ to _________
Number of Hours per week: _____

Brief description of duties: ______________________________________________________
____________________________________________________________________________

ACADEMIC ADVISOR COMPLETES THE FOLLOWING SECTION:

Please explain how the proposed training relates to the student’s major field of study and why it is an
integral part of the student’s academic program:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I have had a discussion with this student. I confirm that he/she will complete all the requirements for the
current program of study on (Please indicate the month, day and year below):
May______,20_____ August______,20_____ December______,20_____ January____,20____
(Note: Only undergraduates are eligible for January graduation)

OR Student earned degree on: ____________________________ (mm/yyyy)

Advisor’s Signature: ____________________________

Name & Title (please print): ______________________________________________________

Department: ____________________________ Telephone: ____________________________

Date: ____________________________ e-mail address: ____________________________

PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL STUDENT AND SCHOLAR SERVICES

S: ISSS/shared/Employment/J-1/acadTraining

Revised 5/13