# J-1 ACADEMIC TRAINING

## Request Form
To be completed by J-1 Exchange Visitor

### Personal Information

| NAME: ___________________________ | EMAIL ADDRESS: ___________________
| (Family Name, First Name) |
| CURRENT ADDRESS: ___________________________ |
| COUNTRY OF CITIZENSHIP: ___________________________ |
| DEPARTMENT: ___________________________ | DEGREE SOUGHT: ___________________________ |
| GRADUATION DATE: ___________________________ |

### Practical Training Information

| REQUESTED START DATE: __________________ | REQUESTED END DATE: __________________ |
| EMPLOYER’S NAME: ___________________________ |
| EMPLOYER’S ADDRESS: ___________________________ |

STUDENT SIGNATURE: ___________________________

DATE: ___________________________
Faculty Endorsement

Mr./Ms. ____________________________, a J-1 student majoring in ____________________, wants to engage in the “Academic Training” program discussed below.

DESCRIPTION OF THE TRAINING PROGRAM:

Location: __________________________________________________________________________

Job Title: __________________________________________________

Name and address of the training supervisor: ________________________________

________________________________________________________________________________

Goals and Objectives of the Specific Training Program: ______________________________

________________________________________________________________________________

How does the training relate to the student’s major field of study? ______________________

________________________________________________________________________________

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

________________________________________________________________________________

________________________________________________________________________________

As the student’s Academic Advisor or Dean I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the Academic Training program that I have described.

________________________________________________________

Name and title of the Academic Advisor or Dean (Please print or type) Date

Signature of Academic Advisor or Dean

Evaluation by Responsible Officer (ISS Use Only)

I have reviewed this letter and determined that the Academic Training being requested _____is _____is not warranted.

The criteria and time limitations set forth in 22CFR S514.23(f)(3) and (4) _____are _____are not satisfied.

In order to ensure the quality of the Academic Training program, I hereby evaluate the effectiveness and appropriateness of the Academic Training in achieving the stated goals and objectives as follows: _____Satisfactory _____Unsatisfactory.

_____________________________________________                          _______________

Marielena Maggio, Director
International Student Services
Tomlinson Hall, Room 143