

J-1 Academic Training Request

* Before you submit this form, you are responsible for reading the information pertaining to Academic Training (AT) available on OIS' web site. All fields are required. Incomplete requests will not be processed.

To apply for Academic Training, complete Section A and e-mail it to your academic advisor along with a copy of employment offer letter. The letter must include: a description of the position including major job responsibilities, the dates of employment, the number of hours per week, amount of financial compensation, name of direct supervisor, and the location of the employment.

Section A: To be completed by student

Last Name: _____ First Name: _____

Date of Birth: _____ E-mail: _____

Academic Department: _____ Degree Program: _____

Employment letter attached? _____ [Do not submit this request to your advisor if you do not have your employment offer letter]

I am requesting for: _____ I am requesting for: _____

If this is a post-completion AT, provide last date of enrollment: _____

Briefly explain Goals and Objectives of the training program:(attach additional sheet if required)

Signature: _____ [Print your name] Date: _____

Section B: To be completed by Academic Advisor/Faculty Preceptor:

I. Description of Training Program:

Last, First Name of Direct Supervisor: _____

Job Title: _____

Name of the Academic Training Site: _____

Address of the Academic Training Site: _____

City: _____ State: _____ Zip Code: _____

Hrs. per wk: _____ Start date of training: _____ End date of training: _____

II. Please briefly explain how this Academic Training relates to student's major field of study and why do you think it is an integral or critical part of the student's academic program.

III. Do you recommend that this student be granted the Academic Training? _____

If you do not recommend that this student be granted Academic Training, please provide a brief explanation below:

As the student's Academic Advisor or Department Chair, I have set forth the nature and details of the academic training program. I approve the amount of time requested as necessary to complete the goals and objectives of the training.

*Please print and sign below. Digital signatures not accepted.

Signature of Advisor/Dept. Chair

Name & Title

Date