

## ACADEMIC TRAINING RECOMMENDATION APPLICATION FOR J-1 STUDENTS

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Date: \_\_\_\_\_

A job offer letter must be attached with the request to ISSSO.

Please check appropriate box. Academic training is recommended:

Prior to completion of studies     Following completion of studies

Your initial Academic Training (A.T.) request must be submitted to ISSSO prior to the completion of your degree. Academic Training is usually granted for one semester or up to 6 months at a time. You may only work during the specific period noted on your DS-2019. You (and your J-2 dependents, if applicable) must also submit your proof of insurance to cover the requested duration of Academic Training. You must submit all extensions of your Academic Training to ISSSO prior to the expiration of the current Academic Training, together with the completed evaluation.

The Dean, Associate Dean, or Academic Advisor of the J-1 student are to complete the following and sign below:

1. Degree Level: \_\_\_\_\_ Degree program: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
(Bachelor, Master, or Doctorate) Primary Major mm/dd/yyyy

2. Please Note: Although the total months permitted for Academic Training for undergraduate and pre-doctoral training is up to 18 months, and up to 36 months for post-doctoral training or STEM majors, ISSSO will grant in increments of no more than a semester to 6 months at a time.

Requested Academic Training duration: From: \_\_\_\_\_ to: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

3. Employer Name: \_\_\_\_\_

4. Employer Location: \_\_\_\_\_  
Street Address City State Zip Code

5. Training supervisor information:

\_\_\_\_\_  
Name ; \_\_\_\_\_ ; \_\_\_\_\_  
Email Address Phone Number

6. Description, goals and objectives of the specific academic training program:

7. How does the training relate to the student's major field of study and why is it an integral or critical part of the student's academic program?

8. Average number of hours per week the student will participate in academic training: \_\_\_\_\_

I will evaluate the effectiveness and appropriateness of the academic training in achieving the stated goals and objectives in order to ensure the quality of the academic training program.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Dean, Associate Dean, or Academic Advisor

\_\_\_\_\_  
Date

## J-1 Student Certification

I understand that as a J-1/J-2 visa holder, I am required to maintain health insurance with minimum coverage as specified in the “Statement of Understanding regarding the Health Insurance requirement for the J-1 Exchange Visitor Program” for myself and accompanying dependents. I hereby affirm that I have the stated insurance for the effective period of all valid Form(s) DS-2019 issued to me.

Exchange visitors subject to the two-year home residency requirement who have been granted a waiver of this requirement are ineligible to extend J-1 status. In order that we may determine eligibility of extending your DS-2019, it is mandatory for you to certify if you have or have not applied for a waiver by answering the questions below.

Have you applied for a waiver of the Two-Year Home Residency Requirement? (Please circle yes or no):

Yes

No

If yes, please provide your Department of State Case Number: \_\_\_\_\_

I hereby certify that I have read and understand the information regarding the insurance requirement as set forth by the U.S. Department of State. I understand the two-year home residency requirement. The information given by me on this application to extend my J-1 status is true and correct to the best of my knowledge.

Signature of Exchange Visitor (Required): \_\_\_\_\_ Date: \_\_\_\_\_

## J-1 Student Academic Training Evaluation Form

**The required evaluation must be completed prior to the conclusion of the student academic training program. The student and the immediate supervisor must sign the evaluation form. Please submit the complete form to ISSSO.**

Student Name: \_\_\_\_\_ PS/Student ID: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the Professor or Supervisor for the Academic Training: \_\_\_\_\_

To be completed by the Supervisor/Professor				
E = EXCEPTIONAL; S = SATISFACTORY; I = IMPROVEMENT RECOMMENDED; U = UNSATISFACTORY				
Performance Factors	E	S	I	U
<b>Overall Performance</b> How did the student performance compare to the goals and objectives stated in the Academic Training Recommendation form?				
<b>Add your additional comments here:</b>      				

Professor/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_