ACADEMIC OFFICIAL’S RECOMMENDATION FOR J-1 ACADEMIC TRAINING

Academic Training (AT) is permitted for students on J-1 Exchange Visitor visas for a period not exceeding the amount of time the student has been in the J-1 program in the U.S. (18 months max).

To certify the student’s eligibility for AT, we need the following information from you:

Name of Student: __________________________________________________________

Program of Student (check one): ☐ 4 month exchange  ☐ 9 month exchange

☐ Other, please explain_____________________________________________________

Date of Completion of Studies*: _____________________________________________

*NOTE: This date should be for the completion of all program requirements, including all final exams

Training Program (employment) Information:
Employment Start Date: __________ Employment End Date: __________ Hours per week: __________
Job Title: __________________________________________________________________
Employment location: __________________________________________________________
Name & phone of the employment supervisor: _______________________________________

Goals and Objectives of 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 student’s academic program? __________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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

Authorizing Signature:
Academic Advisor’s Signature: _______________________________________ Date: __________
Academic Advisor’s Name (Printed): ___________________________________________
Phone Number: ___________________________ Email: ______________________________