# J-1 ACADEMIC TRAINING APPLICATION FORM

**SECTION A: Student Information** – to be completed by student

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
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<tr>
<td>SEVIS ID</td>
<td>UConn ID</td>
</tr>
<tr>
<td>Current DS-2019 end date (mm/dd/yyyy)</td>
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</tr>
<tr>
<td>Email</td>
<td>Telephone</td>
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I have obtained Academic Training before. □ Yes □ No  
If yes, provide information on each previous academic training.

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<thead>
<tr>
<th>From (mm/dd/yyyy)</th>
<th>To (mm/dd/yyyy)</th>
<th>Pre- or Post-completion</th>
<th>Degree</th>
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This application is for (choose one that applies):

□ Pre-completion Academic Training  □ Post-completion Academic Training  
□ Post-completion Academic Training extension beyond 18 months for a PhD holder

This Academic Training’s compensation type is: □ Paid □ Unpaid

I need an extended DS-2019 for my dependent(s) upon Academic Training approval:

□ Yes (# of dependents: ) □ No

**Health Insurance Agreement**

“I agree to be covered by health insurance that fully meets the J-1 requirements for any dependents and myself with me in the U.S. for the full length of my stay in the U.S. I understand that failure to do so is violation of J-1 status and would lead to termination of my Exchange Visitor program and my right to stay in the U.S.”

Signature Date

**After completing Sections A above, please ask your academic advisor to complete Section B below. Please provide him/her with a copy of the job/internship offer letter with your request for his/her reference.**

**SECTION B: DEPARTMENTAL RECOMMENDATION** –to be completed by academic advisor or dean

“Academic Training” is work authorization to allow international students in J-1 status to engage in off-campus employment/internship that is directly related to his/her field of study.

Pursuant to 22 CFR 514.23(f), Academic Training must be recommended by J-1 student’s academic advisor or dean provided all required information in this section. With academic advisor’s recommendation, an international advisor from the International Student and Scholar Services (ISSS) unit of the Office of Global Programs, as a Responsible Officer of UConn’s J-1 Exchange Visitor Program, will review and grant legal authorization for the Academic Training, if approvable. When completing the form, please refer to the content of the training offer letter that your student provided to you.

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<tr>
<th>Academic Advisor’s Name</th>
<th>Department</th>
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**Student’s field of Study**

Student’s Degree Level □ PhD □ Master’s □ Bachelor’s □ Non-degree
SECTION B: DEPARTMENTAL RECOMMENDATION - Continued

Student's Expected Program Completion Date (mm/dd/yyyy):

Note: the program completion date is defined as follows:
- Undergraduates - the last day of final exams of the semester you are graduating
- Graduates – the day degree requirements are fulfilled such as passing final exams or filing a dissertation with the Graduate School
- Study Abroad – the last day of final exams of your last semester in the program

Academic Training Goals & Objectives

Please describe in detail:
1) How the employment is related to the student’s major field of study
2) why the training is an integral or critical part of the student’s academic program, and
3) the objectives the student hopes to achieve. If the student has completed a PhD and is requesting an extension beyond the initial 18 months of Academic Training, please address the research aspect of the job.

Name of Employer                      Student’s Position Title
Training Supervisor’s First & Last Name

Training Supervisor's Telephone Training Supervisor’s Email
Employer address
City State Zip Code

# of Hours per Week Start Date End Date

As the academic advisor or dean of __________________________ (print the student’s name), 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 form I recommend that you authorize this student to participate in the Academic Training program that I have described.

Signature Date

ISSS Use Only

I have reviewed this application and determined that the Academic Training being requested □ IS □ IS NOT approved.

☐ The criteria and time limitations set forth in 22 CFR 514.23(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

Name of RO/ARO: __________________________________________

Signature: __________________________________ Date: __________________________

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02/06/2012 rb