Regent University

Office of International Student Services

J-1

REQUEST FOR ACADEMIC TRAINING
and ACADEMIC ADVISOR RECOMMENDATION

To Be Completed by Student:

Date: ____/____/____ Name:_____
Last First Middle

Student I.D.#_____ E-Mail_____

Local Address:_____

Local Phone#_____ Cell # _____

MAJOR:_____ Date of Graduation:_____/_____/_____ Registration: _____credits
Month Day Year

IF YOU ARE NOT GRADUATING, HAVE YOU COMPLETED ALL COURSEWORK? □ yes □ no

Description of Training:

Name and Address of Employer:_____

Name of Supervisor: _____Tel.:_____

Number of hours:_____p/w Dates of requested training: **from** ____/____/____ **to** ____/____/____

What are your proposed job duties?_____

_____

What are your goals for this training?_____

_____

How does the proposed training relate to your field of study?_____

_____

I hereby apply for a period of academic training related to my J-1 nonimmigrant status. I understand that if it is granted, I am responsible for maintaining my valid J-1 status, including keeping my DS-2019 current and maintaining proper J-1 health insurance that is required by law for me and any (if applicable) J-2 dependents. I will notify the OISS immediately should I move, or if my training ends prior to the date approved by the OISS Responsible Officer. I understand that the permission for training is valid for the employer listed above, and if I wish to extend or change employers, I must do so in reapplying for J-1 academic training authorization.

Signature of Student:_____ Date:_____

To Be Completed by Academic Advisor:

This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the U.S. Immigration and Naturalization Service (INS) and the U.S. Department of State (DOS) The foreign student whose name appears above wishes to apply for a period of academic training related to his/her J-1 nonimmigrant status.

As the student's academic advisor or dean, I attest that I have reviewed the academic training program outlined above. I approve of the amount of time for the requested training and the employer location. I recommend that you authorize this student to participate in academic training as described above.

Signature of Advisor/Dean:_____ Date:_____
Name and Title:_____ Tel.: X_____