Salisbury University

Center for International Education

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J-1 (STUDENT) REQUEST FOR ACADEMIC TRAINING AUTHORIZATION FORM

FOR STUDENT (submit at least two weeks before program end date):

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s SU ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s SEVIS Number: \_\_\_\_\_\_\_\_\_

Academic Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Degree Level: \_\_\_\_\_\_\_\_\_\_

Date expected to complete all requirements for completion of the program: \_\_\_\_\_\_\_\_\_

Have you ever participated in Academic Training before? ⁪ YES ⁪ NO

If YES, provide dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed job address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide an offer letter, if available.

Please describe how your stay in the United States be funded during your participation in Academic training (attach any available documentation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that I understand Academic Training (AT) must be related to my field of study, must begin within 30 days after completion of the program. I will maintain my J-1 Exchange Visitor status while engaged in AT.

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

FOR ACADEMIC ADVISOR:

Academic Training (AT) is an employment option available to J-1 students when the employment is directly related to the student’s major area of study. The final authorization is granted by the Responsible Officer or Alternate Responsible Officer.

On a separate sheet (and on departmental letterhead), please provide the following information:

* The goals and objectives of the specific AT program;
* A description of the AT, including its location, the name and address of the training supervisor, number of hours per week and dates of the training;
* How the AT is related to the student’s major field of study; and
* Why this is an integral or critical part of the academic program of the student.

Please certify that the student named above:

* Is in good academic standing at Salisbury University ⁪ YES ⁪ NO
* Is enrolled in a full course of study ⁪ YES ⁪ NO
* Is making reasonable progress toward program completion ⁪ YES ⁪ NO
* Has departmental approval to engage in AT ⁪ YES ⁪ NO

If you chose NO to any of the above statements, please explain.

Advisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor printed name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to:

 Agata Liszkowska, Associate Director

 Center for International Education

Salisbury University

Salisbury, MD 21801

Regulatory information regarding Academic Training for J-1 students may be found at (p. 124): http://exchanges.state.gov/jexchanges/jexchanges/docs/sevis/roaro\_510\_vol2.pdf

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For internal use only:

 ⁪ Funding verified

 ⁪ Health insurance coverage verified

 ⁪ Other maintenance of status verified

 ⁪ Decision: ⁪ Approve ⁪ Deny

 ⁪ SEVIS action

RO/ARO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name Signature Date