

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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

JDE Center for International Education  
1015 Camden Avenue  
Salisbury University  
Salisbury, MD 21801

More information regarding Academic Training for J-1 students may be found at: <https://j1visa.state.gov/programs/college-and-university-student>

***Official Regulation: "A student may participate in academic training programs during his or her studies, without wages or other remuneration, with the approval of the academic dean or advisor and the Exchange Visitor Program Responsible Officer (RO or ARO). A student may be authorized to participate in academic training for wages or other remuneration during his or her studies or commencing not later than thirty (30) days after completion of his or her studies." (Source: 22CFR. § 62.23(f)(2)).***

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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
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