

## ACADEMIC OFFICIAL'S RECOMMENDATION FOR J-1 ACADEMIC TRAINING

Academic Training (AT) is permitted for students on J-1 Exchange Visitor visas for a total of 18 months but not for a period exceeding the amount of time the student has been in the J-1 program in the U.S. (For students pursuing post-doctoral research only, the "Academic Training" may be authorized for 36 months).

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

**Name of Student:** \_\_\_\_\_

**Degree Program of Student:** \_\_\_\_\_

**Date of Completion of Studies\*:** \_\_\_\_\_

*\*NOTE: This date should be for the completion of all degree requirements, including defense, etc.*

**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:**

Undergraduate Dean's or  
Graduate Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Adviser's Name (Printed): \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_