



GRADUATE SCHOOL  
INTERNATIONAL GRADUATE STUDENT SERVICES

## ACADEMIC TRAINING APPLICATION FOR J1 STUDENTS

Graduate Life Center at Donaldson Brown (0325)  
155 Otey Street NW  
Blacksburg, Virginia 24061  
540-231-8486 Fax: 540-231-3714  
<http://graduateschool.vt.edu/>

**Please print clearly.** Complete and submit this form with the required documents to International Graduate Student Services, Graduate Life Center at Donaldson Brown, Room 120.

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ VT ID#: \_\_\_\_\_

VT Email: \_\_\_\_\_ SEVIS #: N000 \_\_\_\_\_ Date first admitted to U.S / changed to J-1.: \_\_\_\_\_

Local Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Current Enrollment (*check one*):  Master's  Doctorate Dept: \_\_\_\_\_ Advisor's Name: \_\_\_\_\_ GPA: \_\_\_\_\_

Anticipated program completion date (MM/DD/YYYY): \_\_\_\_\_ If applicable, GRA/GTA contract ending date (MM/DD/YYYY): \_\_\_\_\_

Please give the following information about your dependents (attach a separate sheet if necessary):

Name (SURNAME, Given name)	Date of Birth	Country of Birth	Gender (M/F)	Relationship

- Checklist:**
- Academic Training Application Form
  - Proof of Insurance for Period Academic Training
  - Academic Advisor's Letter
  - Employment Offer Letter (on company letterhead)
  - Copy of current DS-2019 form (including dependents)

**Requested Begin and End Dates for Academic Training (MM/DD/YYYY):** Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Please note that you must apply for the Academic Training **before** you complete your academic work, and **before** your current DS-2019 form expires. If you requested a waiver of the two-year home residency requirement, you are not eligible for academic training. After review and approval of your application, a new DS-2019 will be issued to you. Processing time is approximately 2-3 weeks.

**I have read and understand all the information regarding Academic Training.** \_\_\_\_\_  
Signature Date



GRADUATE SCHOOL  
INTERNATIONAL GRADUATE STUDENT SERVICES

## ACADEMIC TRAINING APPLICATION FOR J1 STUDENTS

Graduate Life Center at Donaldson Brown (0325)  
155 Otey Street NW  
Blacksburg, Virginia 24061  
540-231-8486 Fax: 540-231-3714  
<http://graduateschool.vt.edu/>

### Employment Information and Required Academic Advisor Letter

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Supervisor Telephone: \_\_\_\_\_ Supervisor email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Work Location (if different from above): \_\_\_\_\_ Hours per week: \_\_\_\_\_

Position Title: \_\_\_\_\_ Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

### Academic Advisor/Department Dean or Department Head:

Federal Regulations state that to obtain authorization for Academic Training, you must attach to this application a letter of recommendation from your academic dean/department head or advisor that states each of the following: ([22 CFR 62.23\(f\)](#))

- (A) The goals and objectives of the specific academic training program;
- (B) A description of the academic training program, including its location, the name and address of the training supervisor, number of hours per week, and dates of the training;
- (C) How the academic training relates to the student's major field of study; and
- (D) Why it is an integral or critical part of the academic program of the student.

I verify that the information on this form is complete, and that the anticipated degree completion date given by the student is correct.

**For Office Use Only:** SHATERM \_\_\_\_\_ SZA HOLD \_\_\_\_\_ SFAREGQ \_\_\_\_\_ ASST. CONTRACT ENDING DATE \_\_\_\_\_