



Student Name: \_\_\_\_\_ (Last/Surname) \_\_\_\_\_ (First)
Student ID #: \_\_\_\_\_ SEVIS ID #: N \_\_\_\_\_
Birth Date: \_\_\_\_\_ Month/Day/Year
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ACADEMIC TRAINING REQUEST FORM

- Step 1: Complete Student Section
Step 2: Email Academic Training Request Form (with Student Section completed) to your Academic Advisor or Exchange Coordinator. They must complete the Advisor Section and print and sign the completed form.
Step 3: Submit completed Academic Training Request Form AND copy of job/internship offer to ISS.
Step 4: Allow five business days for processing. ISS will notify you when your new DS-2019 is ready for pick-up.

Student Section

Program of study at University of Washington:

Exchange Program for one, two, or three quarters; indicate UW exchange department/office below.
Note: it is your responsibility to notify your home university of your plans to participate in Academic Training after completion of your UW exchange.

Study Abroad Office

Departmental Exchange: Department: \_\_\_\_\_

I am completing a degree at UW.

Have you been authorized for previous Academic Training?

Yes

If yes: How many days? \_\_\_\_\_

No

Academic Training is granted for up to 18 months or the same length of time as your program of study, whichever is shorter. Example: if your program of study is three quarters or 275 days, then your Academic Training can only be granted for a maximum of 275 days. Post-doctoral students may be eligible for an additional 18 months.

Requested Academic Training Start Date: \_\_\_\_\_

Requested Academic Training End Date: \_\_\_\_\_

Is the requested end date after your program completion date?

Yes

If yes, you must also attach funding documentation and the Insurance Statement of Compliance Form.

No

## Advisor Section

This student is applying for Academic Training authorization. Federal immigration regulations allow students in J-1 status to apply for Academic Training permission to gain experience in the U.S. through employment/internship/training opportunities related to their studies. Please complete this section about the training opportunity.

Name of Training Supervisor: \_\_\_\_\_ Name of Academic Training Site: \_\_\_\_\_

Academic Training Site Address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of Hours Per Week: \_\_\_\_\_ Training Begin Date: \_\_\_\_\_ Training End Date: \_\_\_\_\_

Stated goals and objectives of Academic Training Program:

Describe how the Academic Training relates to student's major field of study:

Why is this Academic Training opportunity an integral or critical part of the student's academic program?

Student is expected to complete his/her educational objective \_\_\_\_\_ quarter, 20 \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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