Request for Academic Training (to be	completed by the student)		
Last name (family)	First name (given)		
Student ID			
Current U.S. Address, Phone, and Email: G and complete Local U.S. Address and Cont *You are required to report these updates	act Information E-Forms.	ste.edu. Click on Select 'Biographical Information status.	
Future address		Future address effective date	
Degree: Bachelor's Master's	Doctorate Other:		
Field of study	Comp	tion of studies date:	
Please complete the following inform	ation about your proposed ac	cademic training:	
Name and address of proposed emplo	yer		
Supervisor's name			
Supervisor's Phone Number:	Supervi	sor's Email Address:	
Dates of training (mm/dd/yyyy to mm/d			
	During studies, with pay After studies, with pay		
f you have <u>previously</u> received approva	ll for J-1 academic training (AT	), please indicate the employment below:	
COMPLETE DATES OF TRAINING	NAME OF EMPLOYER	PROGRAM SPONSOR AUTHORIZING AT	
employment until I have obtained wr	itten authorization from my p ity to maintain health insurar	complete. I understand that I am not to begin program sponsor. I also understand that while on the compliance with the J-1 regulations) for sated if I fail to do so.	
I-1 Exchange Visitor's Signature		Date	

## Academic Advisor's Certification for J-1 Academic Training (to be completed by the advisor)

Academic training allows students on J-1 Exchange Visitor visas to engage in up to 18 months of training (36 months for doctoral students) directly related to their field of study, provided they meet the requirements on page 1 of this form. Academic training may be authorized during studies or within 30 days after completion of studies. To certify the student's eligibility for academic training, we need the following information from you:

Name of student	Date of completion of studies*
thesis or project (if applicable). The student	of all degree requirements, including submission of the final copy of the must obtain written authorization from the program sponsor prior to the later than 30 days following your final term of registration
Goals and objectives of specific training pro	gram:
Description of training program (including loweek, and dates of training):	ocation, name and address of training supervisor, number of hours per
Relationship of training to student's major f	ield:
Reasons that the training is an integral or cri	itical part of the student's academic program:
Authorizing Signature:	
Academic Advisor's Signature	Date
Academic Advisor's Name (Printed)	Department
Telephone Number	Email

## Sample Employer's Letter for J-1 Academic Training

Ocean Blue, Inc. 1234 Main St. Seattle, WA 98101 555-555-1212 p.king@oceanblue.com

December 1, 2016

Mr. Bartolome de las Casas 10 Water Street Corvallis, OR 97330

Dear Mr. de las Casas,

This is to confirm that Ocean Blue, Inc. is offering you employment as a researcher for 18 months starting January 1, 2017 and ending June 30, 2017. This employment will serve as "academic training" following your Bachelor of Science program in Fisheries and Wildlife Sciences at Oregon State University.

The goals and objectives of your training with us will be practical experience in studying the marine life near recreation areas.

The location of your training program will be at 1484 Seville Dr., Newport, OR and the waters off the city beaches.

Your training supervisor will be Mr. Philip King, Vice President for Marine Relations. His address, telephone number, and email address appear above on the letterhead.

You will be expected to work for 40 hours each week and your salary will be \$40,000.

On behalf of the company, I welcome you to Ocean Blue, Inc.

Sincerely,

Isabella Crown Director of Personnel