

### TO BE COMPLETED BY STUDENT

Last Name	College/Dept
First Name	Major/Program
ID	Degree Level
Email	Estimated date of degree completion

\* Please attach an offer letter of employment from the potential employer to this form. [See our website](#) for the required information that needs to be present on the offer letter.

### THE FOLLOWING SECTION MUST BE ANSWERED IN FULL BY THE STUDENT'S ACADEMIC ADVISOR OR THE DIRECTOR OF GRADUATE PROGRAM ACCORDING TO THE J-1 EXCHANGE VISITOR PROGRAMS REGULATIONS 22 C.F.R. § 62.23(f)(6)

Name of Academic Advisor/Director of Graduate Program

Email

Academic Training start date

Academic Training end date

Name of Employer

Number of hours per week

City/State

ZIP Code

Work location address (include lab name/suite/room number, building, street, city, state, zip code)

Job Title

Name of Supervisor

Supervisor's Email

#### Please describe:

**the goals and objectives of this Academic Training;**

**how this Academic Training relates directly to the student's field of study;**

**why this training is an integral or critical part of the student's academic program.**

Academic Advisor/DGP Signature

Date