

Academic Training Request Form

Immigration regulations allow for the authorization of training, work, or internships directly related to a J-1 student's major field of study, when appropriate, provided authorization is received from International Student & Scholar Services (ISSS) for each employer and activity in advance of engaging in the activity, and maximum participation time limits are not exceeded [22 C.F.R. § 62.23 (f)].

At the end of the Academic Training, the student and training supervisor are required to evaluate the training program based on the goals indicated in the Academic Training request materials.

| J-1 Student Information | | | | | |
|--|-----------------------------------|--|--|--|--|
| Name: | Student ID: | | | | |
| LAST/FAMILY Name First & Middle Name | | | | | |
| Degree Program Level: | flaster's Doctorate | | | | |
| Degree Program Subject/Field:Indicated in item 4 of you | ur DS-2019 | | | | |
| DS-2019 Start Date: DS-20 | 019 End Date: Month/ Day/ Year | | | | |
| Have you been authorized for academic training previous | riously? | | | | |
| ☐ No ☐ YesIndicate degree level and dates | of prior authorization(s) below: | | | | |
| Academic Training Information | | | | | |
| When will the proposed academic training experience | e occur? | | | | |
| ☐ During my degree program (prior to degree co | ompletion) | | | | |
| ☐ During my degree program and continuing after my degree completion | | | | | |
| ☐ After my degree completion | | | | | |
| Academic Training Employer: | | | | | |
| Academic Training Work Site Location/ Emplo | oyer Address: | | | | |
| Number Street Address Suite/Unit # City | ty State Zip | | | | |
| Supervisor's Name: | Title: | | | | |
| Fmail: | Phone: | | | | |

Academic Training Request Documentation

Please upload your offer letter and academic advisor recommendation letter (pdf, jpg, or png file).

Academic Advisor

Recommendation Letter

If any part of your academic training experience will occur after your degree completion, please also include:

1. A new Insurance Compliance Form; and

Offer Letter

2. Financial support documentation indicating adequate funding until the end of the academic training experience.

The *Insurance Compliance Form* must be submitted via DocuSign. After successfully submitting the form, you will receive an email with a copy of your completed form. Please upload a copy of this pdf file below.

Insurance Compliance

Form

Financial Support Documentation

| Attestation | | | |
|--|---|--|---|
| I certify under penalty of pe | erjury that the above inforr | nation is true and co | rrect. Further, I confirm that: |
| ☐ I am in good academi | c standing at CU Boulder. | | |
| ☐ The proposed academ | nic training is directly relate | ed to my major field o | of study as indicated on my DS-2019 |
| ☐ I will not begin my aca | ademic training experience | until receiving prop | er authorization from ISSS. |
| ☐ I have not exceeded the | the maximum time allowed | I for academic trainir | ng indicated in 22 C.F.R. § 62.23 (f). |
| My employer and I will end of my academic tr | | Training Evaluation I | Form for Students on J-1 Visas at the |
| Signature: | | | Date: |
| International Student | & Scholar Services | (ISSS) | |
| issuing the documentation 2-5 business days. If the co | required to authorize the a ompleted request is not re a new <i>Academic Training</i> | academic training ex ceived by ISSS in tin Request Form with | updating your SEVIS record and perience. Typical processing time is ne to allow for processing, the J-1 a new offer letter with a later start ng in the experience. |
| date-specific academic train | ining information and an IS at least 2-5 business day | SSS authorization let is (from the time the | OS-2019 with employer-specific and ter serve as the official work Academic Training Request Form is |
| ISSS Advisor Name | ISSS O | ffice Signature | Date |
| NOTES: | | | |