



### J-1 Academic Training Request and Academic Advisor's Recommendation

Section A: Student Information	
LAST (FAMILY) NAME in Passport:	FIRST NAME in Passport:
DATE OF BIRTH (mm/dd/yyyy)	DU ID Number:
I hereby authorize the release of any information necessary for this request and authorize any changes needed to complete my request.	
STUDENT SIGNATURE:	DATE:

ISSS sends all official communications, including important information about your immigration status, to your official @du.edu email address. It is important that you check this account regularly. For information regarding your DU e-mail, visit <http://www.du.edu/uts/helpdesk/docs/email.html>.

SECTION B: Site Information		
DS-2019 Expiration Date : (mm/dd/yy) ___/___/___	Program End Date at DU: (mm/dd/yy) ___/___/___	Date of Academic Training: (mm/dd/yy) Begin: ___/___/___ End: ___/___/___
Are you currently working (on campus or off campus, including graduate or residence assistantships)? YES _____ NO _____		
How many hours per week total (both on and off-campus) will you work in the term requested? _____ hrs/week		
Site of Academic Training:	Address:	
Supervisor Name:	Email:	
<b>**Attach a letter from the academic training provider which describes the training and gives the location, dates of training and number of hours per-week.**</b>		

Section C: To be Completed by the Academic Advisor		
Training will be: Prior to Program Completion _____ OR After Program Completion _____		
How does training relate to the student's field of study?		
Goals and objectives of the training program:		
Why is the training an integral part of the academic program of the J-1 student?		
<p><b>NOTE:</b> Prior to signing this recommendation, know that the information above is required to assure that the student's request for academic training complies with federal regulations governing J-1 immigration status.</p> <p><b>It is my opinion that the proposed academic training is in the student's major area of study and that it is an integral or critical part of the academic program. I therefore recommend that the student be granted academic training. In signing this form I understand that my academic recommendation will be used for this purpose</b></p>		
Advisor Signature:	Printed Name:	Date:
Department:	Email:	Phone #:

FOR OFFICE USE ONLY		
Assigned To:	Processing Checklist:	Processing Notes
_____	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ___ / ___ / ___ <input type="checkbox"/> ISA processed ___ / ___ / ___	