

Academic Training Form

To be completed by student and hiring manager/training supervisor.

A J-1 student may be authorized for academic training in the major field of study under 22 CFR 62.23(f). This form will be used to determine the student's eligibility for engaging in an academic training opportunity.

Student Name:		
Organization/Company Name:		-
Start Date:	End Date:	
[MM/DD/YYYY] Number of Hours/Week:		[MM/DD/YYYY]
Total Number of Weeks:		
Compensation (if applicable):		
Training and Supervision [please describe how st	tudent will b	e supervised and/or trained]:
Responsibilities [please enumerate specific responsibilities] You may attach a position description if preferre	ed]:	
Training Location/Address:		
Supervisor Phone:		
Supervisor Email:		
Supervisor signature:		