

Academic Training Request Form

Please read the information on the ISSS Website about J-1 Academic Training. If your Form DS-2019 was issued by Western New England University, please complete this form and submit it with the job offer letter from your employer to your WNE academic advisor for a signature. You may bring or email a copy of your employer's letter and this completed form to ISSS. Once completed, students will pick up their new DS-2019 from ISSS.

You must be APPROVED for Academic Training BEFORE the end date on your DS-2019

Part 1: Completed by Student

Name: _____ Phone Number: _____

Major: _____ Home institution: _____

I am currently enrolled as a full-time student in good standing: Yes No My program end date is: _____

Description of Training Program:

Name of training employer/company: _____

Address of the training employer/company: _____
Number Street City State Zip code

Training supervisor's name: _____ Training supervisor's phone number: _____

Dates of the training: start* (mm/dd/yyyy): _____ to: _____ Number of hours per week: _____

Academic Training must begin within 30 days of the end date on your DS-2019

Describe the goals and objectives of the training program:

Describe how the training directly related to your major degree:

Describe why the training is an integral or critical part of your academic degree or program:

Student's Signature: _____ Date: _____

Students on Academic Training must email your new home address to ISSS once you get to your internship site.

Part 2: Completed by Home Institution Internship Coordinator (if required)

As the student's Home Institution Internship Coordinator, I have reviewed the above information. I approve the proposed training for the student. With this form, I recommend that you authorize the student to participate in this specific Academic Training program.

Signature of Internship Coordinator: _____ Date: _____

Name and title: _____

Part 3: Completed by Host Institution Academic Advisor (or equivalent)

As the student's Academic Advisor (or equivalent), I have reviewed the above information. I approve the proposed training for the student. With this form, I recommend that you authorize the student to participate in this specific Academic Training program.

Signature of Academic Advisor (or equivalent): _____ Date: _____

Name and title: _____