

J-1 STUDENT: ACADEMIC TRAINING RECOMMENDATION FORM FOR EAP

DIRECTIONS: All students must complete Section 1 and 2. Your EAP Advisor must complete Section 3 and provide all signatures. Students must submit this completed form with entire application packet to OISS. Please allow 10 working days for processing.

SECTION 1: TO BE COMPLETED BY STUDENT

Name: _____
Family/Primary Name | First/Given Name | Middle Name

SEVIS ID: _____ PERM #: _____

Phone: _____ Email: _____

Level of Study: EAP Major: _____

Current DS-2019 End Date: _____

Have you ever applied for a waiver of the two-year home residency requirement? No Yes
(If yes, please attach a copy of the recommendation and/or approval notice)

SECTION 2: DESCRIPTION OF THE TRAINING PROGRAM

Job Title or Position: _____

Employer's Name: _____

Employer's Address: _____

Street

City

State

Zip Code

Supervisor's Name: _____

Email: _____ Phone: _____

Number of hours per week: _____ Dates of training: From _____ to _____

Goals and objectives of the specific training program: _____

How does the training relate to your major field of study? _____

Why will the training enhance your academic program, or is the training an integral or critical part of your academic program? _____

(Please use reverse of this form if the above space is insufficient.)

SECTION 3: RECOMMENDATION

As the student's EAP Advisor, I approve of the amount of time requested as necessary to complete the goals and objectives of the training. I recommend employment authorization for this student to participate in the Academic Training program described above.

EAP Advisor Name: _____ Title: _____

EAP Advisor Signature: _____ Date: _____

OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS AUTHORIZATION

Approved Denied ARO Signature: _____ Date: _____