Academic Training (Post-Completion): J-1 Student Request

ISFS will NOT process this request unless all sections of this form are completed and supporting documentation attached.

Student to Complete

PID: ___________________________ OHIO ID: ___________________________

Student Family/Last Name: ___________________________ Student Given/First Name: ___________________________

Information regarding current degree program:

- Bachelor's Degree
- Master's Degree  
- Thesis  
- Non-Thesis  
- Creative Component
- Doctorate  
- Non-Degree Exchange Student

Major: ___________________________  
(Please use the full name of your major, for example: Mechanical Engineering)

Academic training authorized any time in the past:

- No
- Yes (select one or more below):
  - While enrolled as a student at Ohio University
  - While enrolled as a student at another U.S. school
  - Attach copy of either the academic training authorization letter(s) or DS-2019 form(s) with previous authorizations for academic training

Information regarding the academic training position:

Employer Name: ___________________________
Employer Street Address: ___________________________
Employer City, State, Zip Code: ___________________________

Supervisor Last Name: ___________________________ Supervisor First Name: ___________________________
Supervisor Phone Number: ___________________________ Supervisor E-mail: ___________________________

Number of hours per week: ___________________________
Salary for this position: ___________________________  
- Per Hour  
- Per Week  
- Per Month  
- Annual

Requested begin date: ___________________________ Requested end date: ___________________________  
(month/day/year)  
(month/day/year)

Please attach a job offer letter on company letterhead which confirms the above information on the position.

J-2 dependents (check if applicable):  
- Wife/Husband  
- Number of Children: ___________________________

By signing below, I confirm that the information above is accurate.

Signature of Student: ___________________________  Date: ___________________________
Academic Training: Academic Advisor Recommendation

A student in J-1 nonimmigrant status is eligible for a period of academic training directly related to the student’s major area of study. This benefit may be used either prior to or upon completing all requirements for the degree. It is important to understand that immigration regulations consider completion of degree requirements, not graduation, as the end of legal status.

As the individual most knowledgeable regarding the student’s academic program, or responsible for the administration of this graduate program, please use this form to review and recommend this student’s academic training request as appropriate. This form verifies the anticipated completion date and serves as a letter of recommendation. ISFS will review this recommendation to ensure it complies with immigration regulations.

Academic Advisor to Complete

Student PID: _________________________________

Student Family/Last Name: ____________________________ Student Given/First Name: ____________________________

The information on the Academic Training (Post-Completion): Student Request form is accurate: □ Yes □ No

If no, please explain: __________________________________________

I recommend this request for academic training: □ Yes □ No

If no, please explain: __________________________________________

Information regarding the student’s academic training:

Goals and objectives: __________________________________________

Description of the academic training program: ____________________________

Explanation of how the academic training relates to the student’s major field of study: ____________________________

Explanation of why this academic training is an integral or critical part of the academic program of this student: __________

Information regarding the student’s current academic program:

Student is in good academic standing: □ Yes □ No

Estimated date (month and year) this student will be eligible for the final oral defense: __________

Estimated date (month and year) when all degree requirements will be completed: __________

Advisor Last Name: ____________________________ Advisor First Name: ____________________________

Advisor Signature: ____________________________ Date: ____________________________