Academic Training (AT) Application for J-1 Students

SECTION I: TO BE COMPLETED BY THE STUDENT

Student Information:
Last Name ____________________ First Name _________________________ Student ID Z_____________
FAU Email ____________________ Telephone _________________________ Degree Level ____________
Major(s) _______________________________ Minor(s) ________________________________________

Employer Information:
Employer Name _____________________________ Telephone __________________ Email ____________
Employer Address __________________________________________________________________________
Supervisor Name ____________________________ Supervisor Title ________________________________
Job Title ___________________________________ Start Date _______________ End Date ______________

Expected Date of Program Completion: Month/Day/Year

Proposed Dates of AT

Month/Day/Year to Month/Day/Year

Prior AT approvals for your current program:

Month/Day/Year to Month/Day/Year

Month/Day/Year to Month/Day/Year

Student’s Signature __________________________ Date: ____________________________________

SECTION II: TO BE COMPLETED BY ACADEMIC ADVISOR*

*This section can be completed & signed by the student’s academic advisor, department chair, or college assistant/associate/dean.

1. What are the goals and objectives of this training experience/program?

2. What is the relationship to the student’s field of study?

3. Why is this training an integral part of the student’s academic program?

Advisor’s Signature
Name: __________________________ Position: __________________________
Signature: ______________________ Date: __________________________
Telephone: ______________________ Fax: ______________________ Email: __________________________