

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

_____ to _____

Month/Day/Year

Month/Day/Year

Prior AT approvals for your current program:

_____ to _____

Month/Day/Year

Month/Day/Year

_____ to _____

Month/Day/Year

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: _____