



Academic Training Form

To be completed by student and hiring manager/training supervisor.

A J-1 student may be authorized for academic training in the major field of study under 22 CFR 62.23(f). This form will be used to determine the student's eligibility for engaging in an academic training opportunity.

Student Name: _____

Organization/Company Name: _____

Start Date: _____ [MM/DD/YYYY]

End Date: _____ [MM/DD/YYYY]

Number of Hours/Week: _____

Total Number of Weeks: _____

Compensation (if applicable): _____

Training and Supervision: please describe how student will be supervised and/or trained]:

Responsibilities: please enumerate specific responsibilities, projects and/or assignments. You may attach a position description if preferred]:

Training Location/Address: _____

Supervisor Phone: _____

Supervisor Email: _____

Supervisor Signature: _____

Supervisor Signature Date: _____