



Academic Training for J-1 students

Student Information:

Last Name: _____ First Name: _____

SCSU ID: _____ SEVIS ID#: _____ Telephone #: _____

Degree Level: _____ DS-2019 End Date (mm/dd/yyyy): _____

Major Field of Study Listed on DS-2019: _____

Academic Training Information:

Name of Employer: _____

Employer Address:(line 1) _____

(line 2) _____

City, State, zip code _____

Supervisor's Last Name: _____ Supervisor's First Name: _____

Supervisor's Telephone #: _____ Supervisor's Email: _____

Position Title: _____

Position Responsibilities: _____

Academic Advisor Recommendation:

Main Goals and Objectives of Academic Training: _____

Describe how the Academic Training relates to the student's field of study. _____

Explain why this position is an integral or critical part of the student's academic program. _____

Signature & Date: _____

Name: _____ Title: _____

Telephone #: _____ Email: _____