SOUTHEASTERN LOUISIANA UNIVERSITY
J-1 Academic Training Recommendation and Request Form

I: Recommendation to be Completed by Academic Advisor or Department Head

A. Student Information

Student Name: _________________________/___________ ____________________________/______________________ __________
(Family/Last)                                                    (Given/First)                                                                        (Middle)

Major: ____________________      Degree: __________ ___________________   Expected Completion Date: __________

This student wishes to (please pick only one):

☐ engage in academic training prior to completion of study

☐ engage in academic training after completion of study (after the program completion date listed above)

B. Description of the Training Program:

Job Title: ______________________________________________

Dates of the academic training program: ______________________________ to ______________________________

Number of hours per week: __________________

Objectives of Academic Training (i.e. how does this academic training opportunity relate to the student’s study at Southeastern?)

___________________________________________________

___________________________________________________

___________________________________________________

As the student’s Academic Adviser or Department Head, I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the J-1 Academic Training program that I have described above.

Name of Academic Adviser or Department Head: ______________________________________________________

Signature: ______________________________                        Date: ______________________________

(Continued on 2nd page)
II. Request to be Completed by the Student

A. Student Information

Name: ___________________________/________________ ____________________/______________________________ ___
(Family/Last)                                                        (Given/First)                                                                      (Middle)

Name of Employer: ______________________________________________________________

Prospective Employer’s Address: ____________________________________________________

Name of Prospective Supervisor: _________________________________________________

List all periods of previously authorized employment for Academic Training:
_________________________________
_________________________________

Student’s Current Address: _________________________________________________________

Phone: ___________________________              Email: _______________________________________________ __________

If this request is for summer employment, are you eligible and intend to enroll full time in the immediately following fall semester?  □ Yes  □ No  □ Not applicable

Have you EVER been subject to the Two Year Home Residency Requirement?  □ Yes  □ No

If YES, have you applied for the waiver of the Requirement?  □ Yes (explain on separate sheet) □ No

B. Statement of Understanding:

• I have carefully read the Academic Training Information on the International Services Office website.
• I have maintained valid J-1 status since I began my study at Southeastern Louisiana University, including the health insurance requirements set by the U.S. Department of State.
• I understand that I must report to the ISO (via international@selu.edu) any change to my name or address.
• I understand that any changes to the terms and conditions of the approved academic training must be reviewed and approved by the ISO in advance.

Signature of Student: ________________________________________________  Date: ________________________

C. Instructions:

For Academic Training authorization, please meet with the ISO and bring the following:
• Completed Academic Training Recommendation /Request Form
• Copy of the offer letter (on letterhead with signature) stating:
  o Position Title
  o Dates of Employment
  o Complete address of academic training (i.e. employment) location
  o Number of work hours per week
  o Salary
  o 3-4 duties that you will perform
• Copies of your current and previous DS-2019(s)
• Copies of passport pages
• Copy of your current I-94 card (front and back)
• Copy of any previously-issued Academic Training authorization letter(s)