



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:

(Example: 1/23/2009 – 5/31/2009) _____

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:
 - Position Title
 - Dates of Employment
 - Complete address of academic training (i.e. employment) location
 - Number of work hours per week
 - Salary
 - 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)