



Request for Academic Training (AT) for J-1 Students

Academic Training Checklist:

- Academic Training Seminar or appointment
- Completed Academic Training application
- Job offer letter

PART ONE: Student Request for Academic Training

Name: _____ UALR T Number: _____

Physical Address: _____

Major Area of Study: _____ Expected Graduation Date: _____

Classification: Undergraduate Masters Doctrate Do you have an SSN? Yes No

Previous Academic Training Training Authorization

Have you previously used any Academic Training? No Yes

If yes,

Dates of previous full-time Academic Training _____

Dates of previous part-time Academic Training _____

Current Employment

Type of current employment? No employment AT Graduate Assistantship (complete part three)
 On campus hourly UALR Works Other: _____

Hours per week: _____ Employment end date: _____

Request for Academic Training

Employer Name (according to E-Verify, if applicable): _____

Employer Address: _____

Requested start date: _____ Requested end date: _____ Hours per week: _____

Name of Supervisor: _____ Title of Supervisor: _____

Supervisor Telephone: _____ Supervisor Email: _____

Statement of Understanding

I have completed a AT seminar or online module. I certify that the information in this application is complete and correct to the best of my knowledge. I understand that it is my responsibility to coordinate with my program coordinator for a successful Academic Training experience. I attest that I will prioritize coursework over practical training and I have not/will not take any actions to delay my academic program to prolong Academic Training. I will only work during the dates of authorization for the company of authorization. I understand that I may only use up to 18 months (or 36 months for doctoral students) of Academic Training during my J program.

Student Signature

Date



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PART TWO: Academic Advisor Support for Academic Training

The Academic Advisor in this section refers to the faculty or staff member with direct oversight of the student's degree plan and major requirements. Graduate students having a project/thesis/dissertation advisor should have the advisor sign off as the academic advisor; otherwise, the graduate coordinator signs off as the academic advisor. For information about Academic Training visit <http://ualr.edu/international/at/> or contact International Student Services.

Student name: _____ Academic advisor name: _____

Is the student currently making satisfactory academic progress toward earning degree? Yes No

Major Area of Study: _____ Expected Graduation Date: _____

Academic training employer name: _____

Description of the Training Program

Please complete each question.

Goals and objectives of the specific training program.

How does the training relate to the student's major field of study?

Why is the training an integral/critical part of the exchange visitor student's academic program?
If the student has completed his/her program, explain how this training is a direct application of the program of study.

Duration of authorization: Published dates of semester Beyond dates of semester, as requested on in Part One

Hours per week required to maximize academic training: Up to 20 hours per week Over 20 hours per week

Academic Advisor's Printed Name _____ Signature _____ Date _____

Graduate Coordinator (for Graduate Students Only) _____ Signature _____ Date _____

International Student Advisor Decision

A copy approved AT application will be emailed back to the student, academic advisor, Graduate Coordinator (if applicable), the Associate Dean of the college hosting the academic program and the Department of Human Resources.

Approved Denial reason: _____

Notes: _____

International Student Advisor: _____ Date: _____

