## **Academic Training Application**

## For Students with J-1 Visas

The Application Process: Submit all application materials to Sara Friar in the Academic Training start date.	Center for	Global Education at least 2 weeks before the proposed			
Edgewood College Academic Training Application Form					
Employer Form or Letter from employer (on company letterheard) that includes <u>all</u> requested					
information					
Academic Advisor Form  To assist your academic advisor in completing	g the form	give her/him a copy of your employer's letter/form.			
—— Health Insurance Enrollment Form (only for post-completion AT)					
	nd your AT	npletion AT)  I does NOT involve paid employment/training, ing the training period. Edgewood considers sufficient			
Please <b>TYPE</b> your responses, print the form so yo application to the Center for Global Education in					
Name:					
Family		First			
Edgewood ID#:	Email				
Phone:		CGE will use your Edgewood email to contact you			
Major area of study at Edgewood:					
Academic Advisor's Name:					
Current Program End Date listed on DS-2019:		Month/Day/Year			
Passport Expiration Date*:		J-1 Visa Expiration Date:			
*If your passport is within 6 months of expiry, renew it as so passport has been renewed.	on as possi	ble. Your AT application will not be processed until your			





2/2017

I am requesting Academic Training for work/training	ng that will take place:			
☐ <u>Before</u> completing my academic prog.  I would like to work: ☐ Full-time (more than 20 hrs/we ☐ Part-time (20 hrs/week or less)	ek) during my vacation period, or			
OR				
After completing my academic progra Review additional requirement for post-co				
List any previous <b>Academic Training</b> authorizations:	Start date End date			
If you are not earning a degree from Edgewood Colleg participate in the proposed AT? $\square$ Yes $\square$ No	e, do you have approval from your home institution to			
Name of the person at your home institution who gr	anted approval:			
Relationship to you: (ex. academic advisor, professor, dean, etc)				
Student Signature:	Date:			
Remember to include the following documents with your application:  — Employer Form  — Academic Advisor Form  — Health Insurance Enrollment Form (for Post-Completion AT only)  — Proof of financial support (only for UNPAID post completion AT)  *Submit all application materials to Sara Friar in the Center for Global Education at least 2 weeks before the proposed Academic Training start date.				
For Office Use Only:  □ Date Application Received: □ Check previous AT record □ Adjust Program end-date as necessary □ Add new site of activity (adjust primary site if EV no longer enrolled in classes)	☐ After adding or editing AT, print DS-2019 - form ☐ Make new dependent docs if DS-2019 changed ☐ Copy new DS-2019 at pick-up (w/ student's signature) ☐ Remind Ss of AT Reporting Requirements			





## Form to be Completed by the Employer Academic Training Application for Students with J-1 Visas

Note to Employer: Thank you for taking the time to complete this form. Academic Training (AT) is special permission for international students with J-1 visa status to engage in practical training that is directly related to the student's major field of study at Edgewood. Additional information can be found on the Center for Global Education website at <a href="http://globaleducation.edgewood.edu">http://globaleducation.edgewood.edu</a> (Current International Students → J-1 Internships & Off-Campus Employment).

Students should *NOT* begin working until the Center for Global Education at Edgewood College has authorized AT. Student's Name: \_\_\_\_\_ Last Name First Name Name of Company: \_\_\_\_\_ Company Address: Name of Supervisor: Employment to begin on: \_\_\_\_\_ and end on: \_\_\_\_ or | Part-time Full-time Number of hours student will work per week: \_\_\_\_\_ \_\_ Unpaid or Position Title:\_\_\_ Brief Position Description (including goals and objectives of the position; can attach additional page if necessary): I certify that the information in this document is correct to the best of my knowledge, and I agree to cooperate with Edgewood College in achieving the curricular purposes of the employment/internship/training. **Employer's Name** Signature Date





## Form to be completed by the Academic Advisor Academic Training Application for students with J-1 visas

Note to Advisors: Thank you for taking the time to complete this form. Academic Training (AT) is special permission for international students with J-1 visa status to engage in practical training that is directly related to the student's major field of study at Edgewood. Additional information can be found on the Center for Global Education website at <a href="http://globaleducation.edgewood.edu">http://globaleducation.edgewood.edu</a> (Current International Students → J-1 Internships & Off-Campus Employment).

Students should not begin working until the Center for Global Education at Edgewood College has authorized AT.

Student's Name:				
Academic Training Site:				
Name of Company/Organi	zation:			
Company/Organization Ac	ddress:			
Name of Supervisor:				
Employment to begin on	and end on mm/	(Dates from advisor a	nd employer need to match)	
Number of hours per week: _	Full-time (more than 20)			
The goals and objectives of the	ne employment/training (attacl	additional sheet if neces	sary):	
- •	raining directly relate to the stu o state that the internship is a 1	•		
Why is the employment/train	ning an INTEGRAL or critical	part of the academic prog	ram of the student?	
The proposed length of AT is Additional comments:	appropriate given the goals an	d objectives stated above:	☐ Yes ☐ No	
Advisor's Name:	Signature	:	_ Date:	
Please return this c	completed form to the student. Student			
	1			



