

## J-1 STUDENT ACADEMIC TRAINING REQUEST FORM

**Type only.** Submit this request form with required documents as outlined on the Academic Training Guidelines at the Dashew Center website. Original signatures from the Supervisor and Academic Advisor are required on page 2. Processing time is 10 working days. You will receive an email when the Academic Training authorization letter and updated DS-2019 are processed and ready for pick up.

### PART 1: STUDENT BIOGRAPHICAL INFORMATION

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_

SEVIS ID #: \_\_\_\_\_ UCLA ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Local U.S. Address: \_\_\_\_\_

### PART 2: PROGRAM INFORMATION

UCLA Department Name: \_\_\_\_\_

Academic Level:                      Doctorate                      Masters                      Bachelors                      EAP/Exchange                      Certificate

Program Dates on DS-2019 form:      Start Date                      End Date

### PART 3: ACADEMIC TRAINING INFORMATION

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Employer Identification Number (EIN) *required*: \_\_\_\_\_

Does the organization have a Workman's Compensation Insurance Policy?      YES                      NO

Dates of Training:                      **Start Date**                      **End Date**

Hours per week performing training activities:                      *Minimum requirement is 20 hours/week for post-completion AT.*

Will this training include clerical activities?                      YES                      NO      If YES,                      hours per week will be spent

Will this training include any childcare/eldercare or contact with medical patients?                      YES                      NO

For transfer students: Did you participate in Academic Training through your previous J-1 sponsor?                      YES                      NO

- If YES, how many days were you authorized for?                      (Attach copy of AT document from previous sponsor.)

## J-1 STUDENT ACADEMIC TRAINING REQUEST FORM (PAGE 2)

Student's Last Name(s):

First Name(s):

**Provide a brief description of training program; list objectives & goals (*attach an additional page if necessary*):**

**How does this training relate to your academic program? (*attach an additional page if necessary*)**

### Certification by Supervisor

I certify that the training information above is correct. I understand that I am required to complete a mandatory evaluation on the student's performance upon completion of their training and that the evaluation forms can be found on the Dashew Center website:

Supervisor Name:

Signature:

Date:

### Approval by Academic Advisor

As the student's Academic or Faculty Advisor I can confirm that I have read the description of the Academic Training above and agree that this training will enhance the student's academic program. I approve the amount of time requested as necessary to complete the goals and objectives of this training and recommend authorization of the student's Academic Training. The student is in good academic standing and will complete all of their program requirements by \_\_\_\_\_ (*use last term end date or end of filling fee period*).

Academic Advisor Name:

Email:

Phone:

Signature:

Date: