

Part I. Student Information

1. Family Name:	First Name:	Middle Name:
2. Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Date of Birth:
5. Dawg #:	6. SEVIS ID #:	7. Email:
8. U.S. Address:		
9. DS-2019 Start Date:	10. DS-2019 End Date:	11. # of J-2 Dependents:

Part II. Information about the Proposed Academic Training (AT)

12. The information needs to be confirmed by an employment offer letter from your employer.

- Requesting: Pre-completion AT Post-completion AT
- Employer's name: _____
- Employer's address (street, suite if applicable, city, state and zip code): _____
- Job title: _____
- Supervisor's name: _____
- Academic Training dates request: from _____ to _____
- Hours of work per week: _____
- Salary/income from the entire AT period: \$ _____
- Have you completed your degree? Yes No. If yes, what was the date of completion? _____. If no, what is your expected date of completion? _____
- Degree level: Bachelor's Master's Doctoral Other. If other: _____
- Major field of study: _____
- Previous periods of Academic Training: From (date) _____ to _____
- Proposed Training Objectives: _____

13. Important Note:

- You should begin engagement of your AT activity within 30 days of completion of your degree if it is post-completion AT.
- You may not begin employment until your AT has been approved.
- AT authorization may not exceed 18 months. A J-1 PhD student may be eligible for a second 18-month period if the student has completed the degree program.
- If you wish to extend your AT or change employers in the future, you will follow the same procedure: request on time.
- You and your J-2 dependents must maintain a health insurance plan meeting the Department of State requirements during the entire period. Failure to maintain health insurance is a violation of the status. You must send your health insurance policy documents to CIE in a timely manner.

Part III. Attestations

14. Please read the statement below carefully.

- I certify that I have read the request form instructions and information in full.
- I certify the information I have provided is, to the best of my knowledge, accurate.
- I understand I (and any J-2 dependents) must have a required health insurance plan for the duration of my J-1 status.
- I understand that I must report any address change, or employment change to CIE within 10 days of the change.

Part IV. Signature

Exchange Visitor's Signature:	Date:	
Supervisor's Name:	Signature:	Date:

Part V. Academic Training Application Checklist

- A copy of your passport's biographic page.
- A copy of your most recent [Form I-94](#).
- A copy of your form DS-2019.
- A copy of your unofficial transcript from SIU.
- A copy of your proposed employment offer letter.
- Academic advisor's letter of recommendation. For your reference, please see [Form CIE-71](#), a sample of recommendation letter.
- If you are requesting post-completion AT, submit a completed Financial Resource Statement and supporting financial documents.
- A copy of completed [Form CIE-65](#), Health Insurance Compliance, and support documents for you and your J-2 dependents (if applicable).