

## Academic Training Application: J-1 Students

Academic Training (AT) is a type of off-campus employment authorization for J-1 students during or after their program completion at SIUE. All AT paperwork must be processed by the Career Development Center deadlines and before the end date of a student's DS-2019.

### PART 1 – TO BE COMPLETED BY STUDENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------|--|
| Family Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          | Given Name:               |  |
| SIUE ID#:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Phone #: | DS-2019 Program End Date: |  |
| Non-SIUE e-mail address you will use after graduation:                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                           |  |
| Statement of Understanding: <ul style="list-style-type: none"> <li>I understand AT authorization is job and date specific and that I cannot change my employment without authorization.</li> <li>I understand I must report to ISS any change to my name, address, or other contact information within 10 days of the event.</li> <li>I understand that I will receive a new DS-2019 with my AT listed and that this is my proof of employment eligibility.</li> </ul> |          |                           |  |
| Student Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | Date:                     |  |

### PART 2 – TO BE COMPLETED BY ACADEMIC ADVISOR

The international student listed above is applying to the Office of International Affairs for Academic Training, an employment authorization for work experience in a student's field of study. In order to authorize the student, ISS requires the academic advisor to certify that this experience is integral or critical to the student's program at SIUE. Please return the completed form to the student for submission. Contact ISS if you have any questions at [iss@siue.edu](mailto:iss@siue.edu) or 650-3785.

|                                                                                |        |
|--------------------------------------------------------------------------------|--------|
| Main goals/objectives of this work experience:                                 |        |
| How the job relates to the student's field of study:                           |        |
| How this experience is integral or critical to the student's academic program: |        |
| When will the above student complete their degree or program at SIUE?          |        |
| Name:                                                                          | Title: |
| Department:                                                                    | Email: |
| Signature:                                                                     | Date:  |

### PART 3 – TO BE COMPLETED BY INTERNATIONAL ADVISOR

Based on the information stated above and the employment letter, I have determined that the AT being requested is warranted and fulfills the necessary requirements. This AT experience has been approved.

|           |                |       |
|-----------|----------------|-------|
| ARO Name: | ARO Signature: | Date: |
|-----------|----------------|-------|