



Application for Academic Training Employment Authorization for Students in J-1 Status

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦ 02215
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Student's Name: _____ BU I.D. #: U _____

PART 1: To be completed by J-1 student

1. Are you currently subject to the two-year home residence requirement? Yes No
 If yes, have you applied for a waiver of the requirement, or do you plan to apply? Yes No
 If you applied, has the waiver been approved? Yes No
2. Have you been authorized for any prior Academic Training? Yes No
 If yes, please list the dates of the prior Academic Training authorization below:

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Time (months)

4. When do you expect to complete your studies? ____/____/____ (mm/dd/yyyy)
5. Provide the following required details of the requested Academic Training:
- Job Title:** _____ **Company:** _____
- Supervisor:*** _____ **Address:** _____
- Phone number:** (____) _____
- * Must include first and last name* *City* _____ *State* _____ *Zip* _____
- Dates of training:** From ____/____/____ To ____/____/____ **Number of hours per week:** _____

6. Describe the goals and objectives of the training program you are requesting:

7. How does the training directly relate to your major field of study?

Application for Academic Training
PART 1: Continued

8. Describe why this training is an integral or critical part of your academic program:

Student's Signature: _____ **Date:** _____

PART 2: To be completed by Academic Advisor or Dean

While the final decision to authorize Academic Training employment authorization is at the discretion of the ISSO, your careful review of the details presented in this request and your considered determination of the appropriateness of the training experience is required by federal immigration regulations. It will also assist the ISSO in making its final determination.

I have reviewed the information presented in items four (4) through eight (8) in conjunction with the student's offer of employment. I have determined that the goals and objectives of the training are appropriate; that the training is directly related to the student's major field of study; and that the training is an integral or critical part of the academic program.

Name and Title (please print): _____

Signature: _____ **Date:** _____

PART 3: To be completed by ISSO advisor (at time of appointment):

I have reviewed the information presented by the student and her/his academic dean or advisor and determined that the Academic Training being requested is warranted. The criteria and time limitations set forth in 22 CFR § 62.23(f)(3) and (4) are satisfied. In order to ensure the quality of the academic training program, I evaluated the academic training proposal to be effective and appropriate in achieving the stated goals and objectives.

Name and Title of ISSO Advisor: _____

Responsible or Alternate Responsible Officer / P-1-00576

Signature: _____ **Date:** _____