



UNIVERSITY of NEW HAMPSHIRE  
Office of International Students and scholars

REQUEST FOR "ACADEMIC TRAINING" AUTHORIZATION  
FOR STUDENTS IN J-1 EXCHANGE VISITOR CLASSIFICATION

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**PART I - To be completed by student**

Name (last)\_\_\_\_\_ (first)\_\_\_\_\_ (middle)\_\_\_\_\_

UNH ID or Social Security Number:\_\_\_\_\_

Current Living Address:\_\_\_\_\_

Phone:\_\_\_\_\_ e-mail:\_\_\_\_\_

Field of Study: \_\_\_\_\_

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**I would like to participate in J-1 Academic Training as follows:**

From:\_\_\_\_\_ To:\_\_\_\_\_ Total Time Requested:\_\_\_\_\_

(mo/day/year) (mo/day/year)

Employer:\_\_\_\_\_

Location: City\_\_\_\_\_ State\_\_\_\_\_

Name and Title of Supervisor:\_\_\_\_\_

Address\_\_\_\_\_

Number of work hours per week\_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part II - To be completed by Academic Adviser or Dean**

*The student named above is applying for Academic Training. Under U.S. Department of State regulations, this type of training/employment can only be authorized if it meets certain criteria. In order for the OISS to assess if the proposed training meets the requirements, please complete and sign this form. Thank you.*

1. Goals and objectives of the training program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How does the training relate to the student's major field of study?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Why is the training an integral or critical component if the student's academic program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*As the student's Academic Adviser or Dean I certify that this student is in good academic standing and approve of the amount of time requested as necessary to complete the goals and objectives of the training. I recommend that you authorize this student to participate in the "Academic Training" program I have described.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For OISS use only:**

1. I have reviewed this application and determined that the academic training being requested is \_\_\_ is not \_\_\_ warranted.

2. The criteria and time limitations set forth in 22 CFR 524.23 (f)(3) and (4) are \_\_\_ are not \_\_\_ satisfied.

3. The academic training described is satisfactory \_\_\_ unsatisfactory \_\_\_ in achieving the goals and objectives of the program.

\_\_\_\_\_  
**J-1 Program Responsible Officer/OISS Staff**

\_\_\_\_\_  
**Date**