INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAIʻI AT MĀNOA
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APPLICATION FOR J-1 EXCHANGE VISITOR STUDENT "ACADEMIC TRAINING" WORK AUTHORIZATION

Student's Name: _____ SEVIS ID #: N000_____

Student's Major: _____ Expected Completion Date: _____

(You must apply at least 10 business days prior to the end date on your DS-2019 or completion of study, whichever is earlier.)

1. DESCRIPTION OF THE ACADEMIC TRAINING

   Employer: _____

   Location: _____

   Job title: _____

   Name and address of the training supervisor: _____

   _____

   Number of hours per week _____ Dates of the training: From _____ to _____

2. GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM _____

   _____

   _____

3. HOW DOES THE TRAINING RELATE TO THE STUDENT'S MAJOR FIELD OF STUDY? _____

   _____

   _____

4. WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF STUDENT'S ACADEMIC PROGRAM? _____

   _____

   _____

As the student's Academic Adviser or Department Chair I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter I recommend that you authorize this student to participate in the "Academic Training" program that I have described.

_____

Signature of the Academic Adviser or Department Chair Print Name

_____

Email (hawaii.edu) Date

EVALUATION BY J-1 PROGRAM RESPONSIBLE OFFICER/ALTERNATE RESPONSIBLE OFFICER

1. I have reviewed this letter and determined that the "Academic Training" being requested __is __is not warranted.
2. The criteria and time limitations set forth in 22 CFR §514.23(f)(3) and (4) ___ are ___ are not satisfied.
3. In order to ensure the quality of the "Academic Training" program, I hereby evaluate the effectiveness and appropriateness of the "Academic Training" in achieving the stated goals and objectives as follows: ___ Satisfactory ___ Unsatisfactory

_____

Signature Date

Updated: 10/15/2010