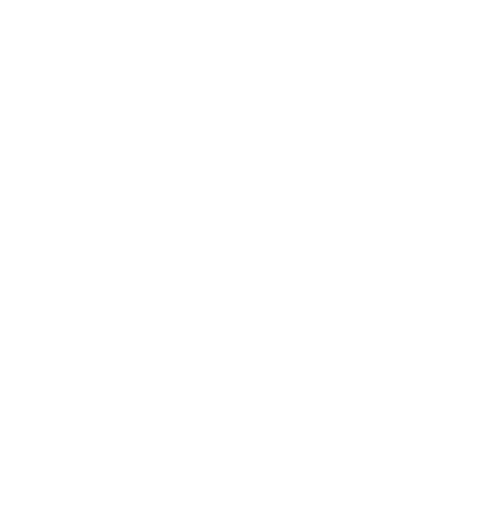
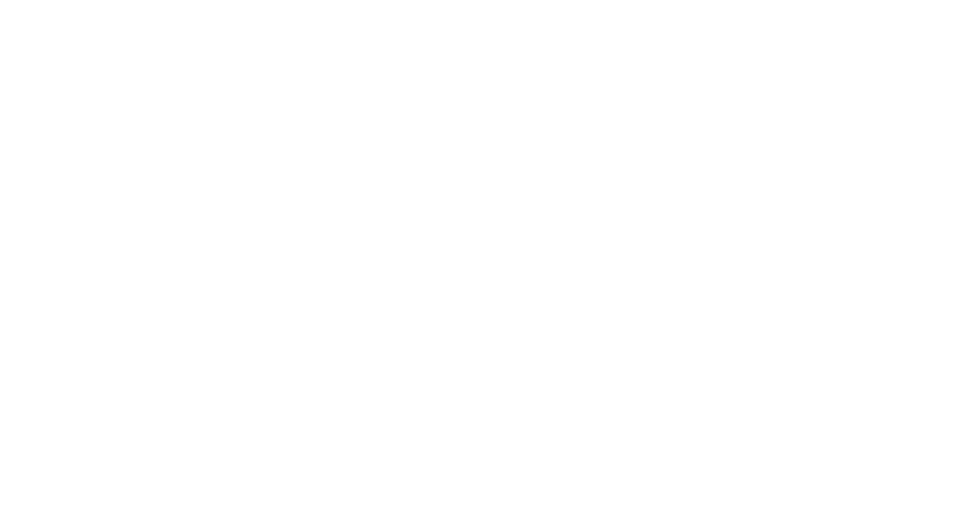
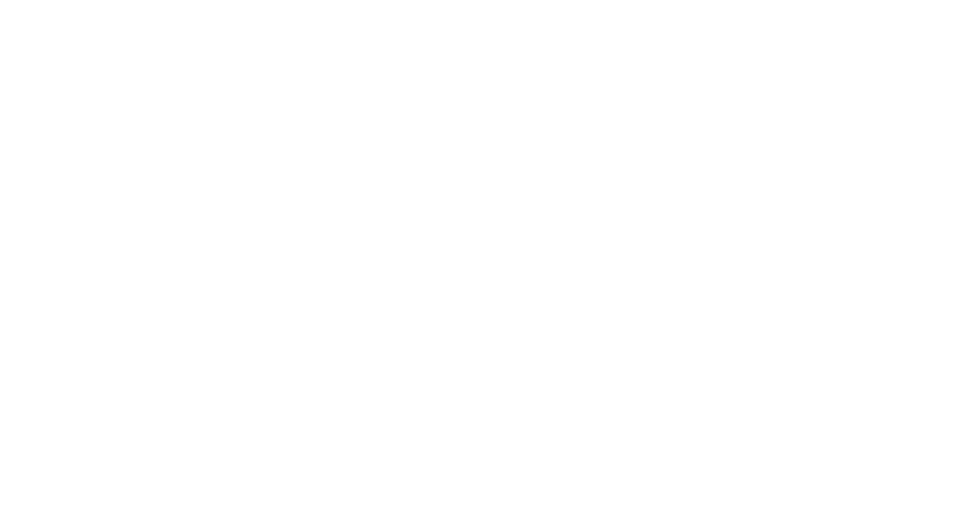
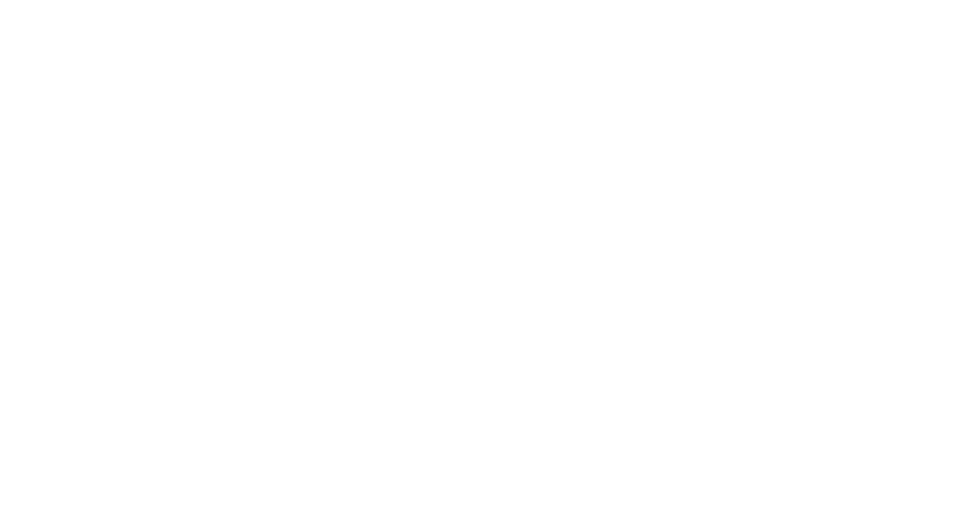
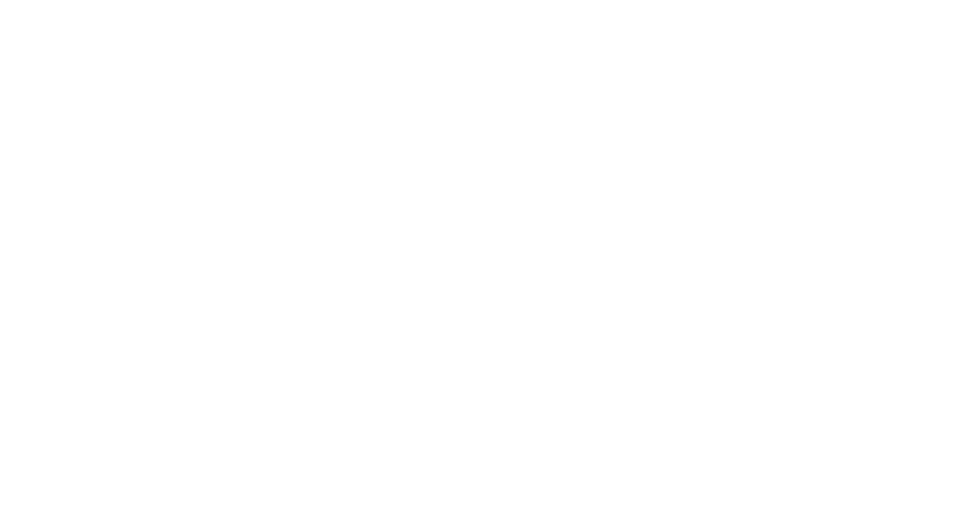
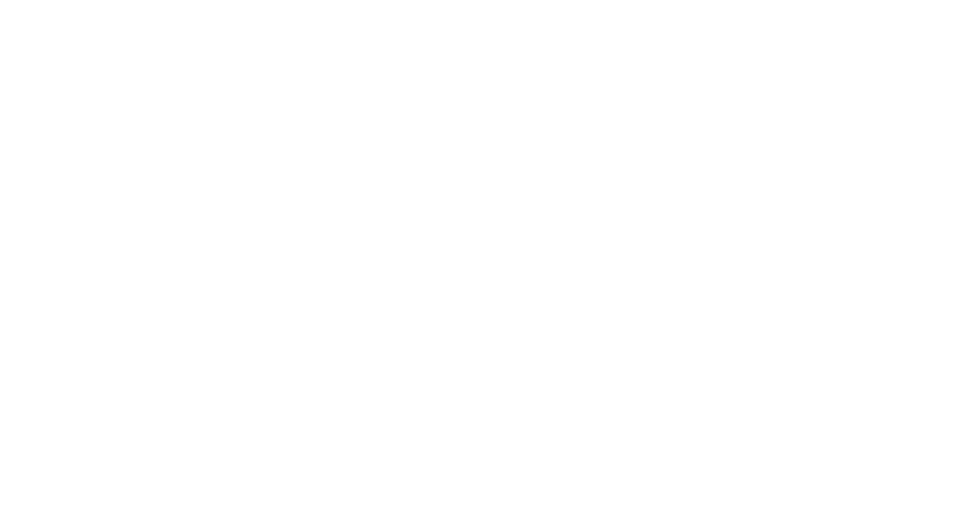
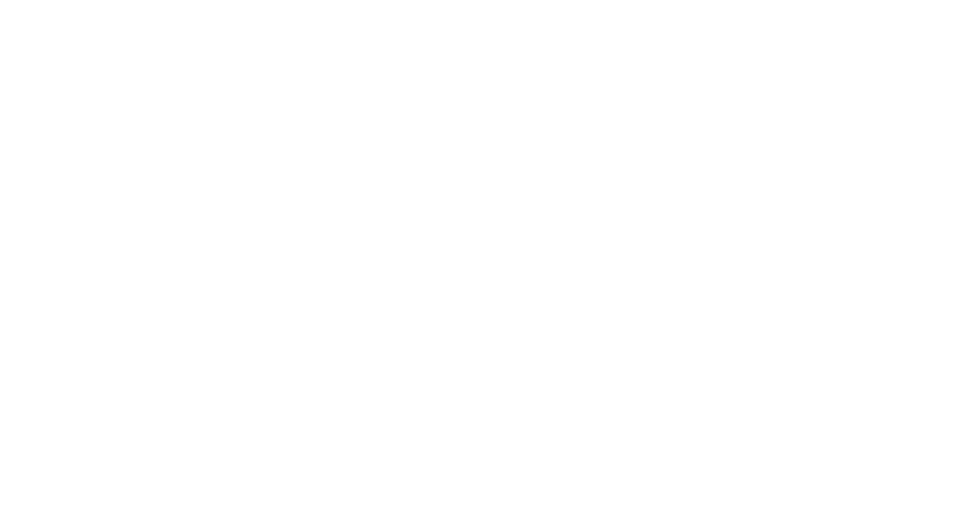
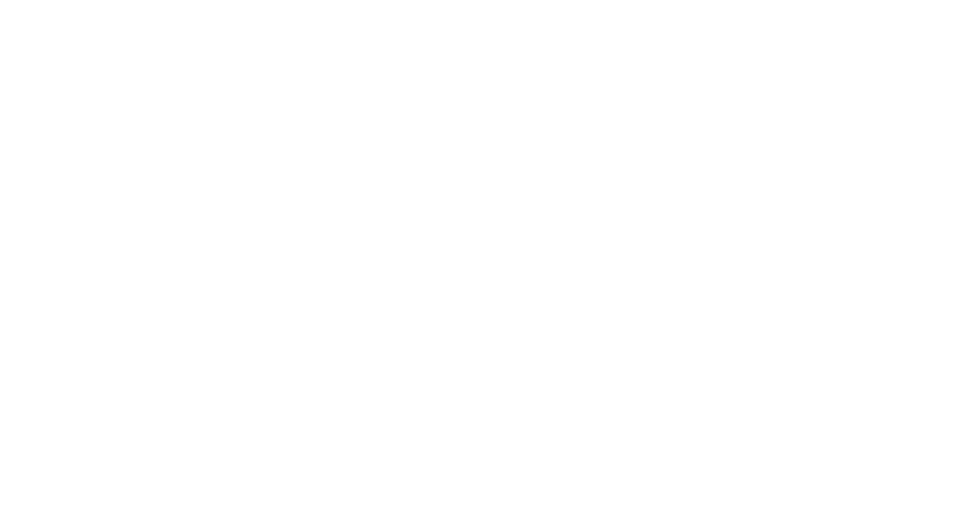
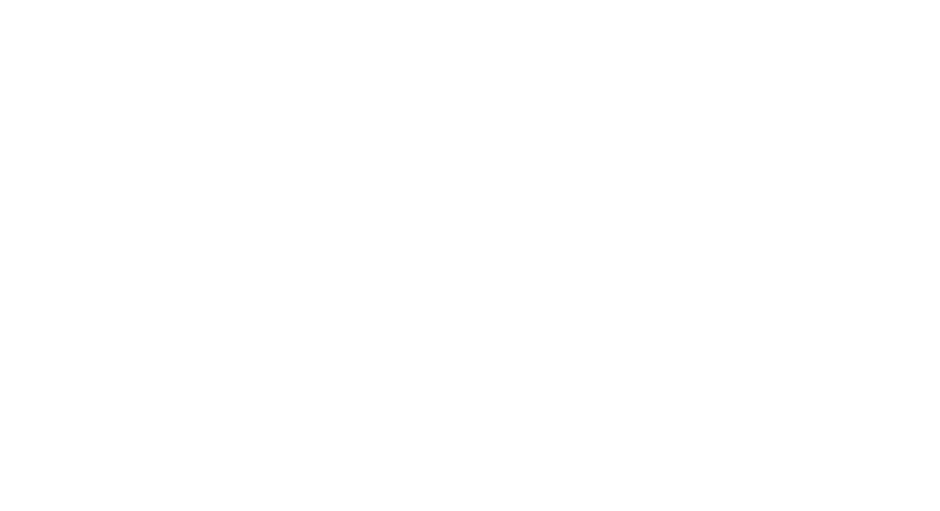
**INTERNATIONAL** **STUDENT** **SERVICES** **•** **UNIVERSITY** **OF** **HAWAI‘I** **AT** **MĀNOA** 2600 Campus Road, QLCSS 206, Honolulu, **H**I 96822 • Phone: (808) 956‐8613 • Fax: (808) 956‐5076



Website: www.hawaii.edu/issmanoa

**APPLICATION** **FOR** **J-1** **EXCHANGE** **VISITOR** **STUDENT** **“ACADEMIC** **TRAINING”** **WORK** **AUTHORIZATION**

Stud**e**nt’s Name:

Stud**e**nt’s Major:

SEVIS ID #: N000

Expect**e**d Completio**n** Date:

(You **m**ust apply at least 10 business **d**ays prior to the **e**nd date on your DS-2019 or co**m**pletion of stud**y**, whichever is **e**arlier.)

1. **D**ESCRIPTION OF THE ACADEMIC T**R**AINING **E**mployer:

**L**ocation: **J**ob title:

**N**ame and address of the **t**raining supe**r**visor:

**N**umber of hours per wee**k** Dates of **t**he training: **F**rom to

2. **G**OALS AND OBJECTIVE**S** OF THE S**P**ECIFIC TR**A**INING PRO**G**RAM

3. **H**OW DOES THE TRAINI**N**G RELATE **T**O THE STUDENT’S MA**J**OR FIELD **O**F STUDY?

4. **W**HY IS THE TRAINING **A**N INTEGRA**L** OR CRITICAL PART O**F** STUDENT’**S** ACADEMI**C** PROGRAM**?**

As t**h**e student’s Academic Ad**v**iser or Department Chair I have set forrth the nature and details **o**f the acade**m**ic training prog**r**am. I approve of the am**o**unt of time r**e**quested as **n**ecessary to **c**omplete the goals and o**b**jectives of t**h**e training. With this letter I recommend that you autho**r**ize this stud**e**nt to particip**a**te in the “A**c**ademic Trai**n**ing” progra**m** that I have described.

Signa**t**ure of the Academic Adviser or **D**epartment Chair

Email (hawaii.edu)

Print Name

Date

EVALUATION B**Y** J-1 PROGR**A**M RESPONS**I**BLE OFFICE**R**/ALTERNAT**E** RESPONSIBLE OFFICER

1. I have reviewed this letter an**d** determined t**h**at the “Acade**m**ic Training” **b**eing requeste**d** \_\_is \_\_is not warranted. 2. **T**he criteria and time limitatio**n**s set forth in **2**2 CFR §514.23(f)(3) and (4) are are not satisfi**e**d.

3. I**n** order to ensure the quality **o**f the “Acade**m**ic Training” p**r**ogram, I here**b**y evaluate th**e** effectiveness and appropri**a**teness of the “**A**cademic Training” in achie**v**ing the stated goals and obj**e**ctives as follo**w**s: Satis**f**actory U**n**satisfactory

Signa**t**ure **D**ate

Up**d**ated: 10/15/2010