

INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAI'I AT MĀNOA

2600 Campus Road, QLCSS 206, Honolulu, HI 96822 • Phone: (808) 956-8613 •
Website: www.hawaii.edu/issmanoa

J-1 STUDENT ACADEMIC TRAINING (AT) APPLICATION FORM

(For J-1 student whose DS-2019 form is issued by UH Manoa)

Part A: Student Information	
<i>To be completed by the student</i>	
Student's Last Name, First Name:	SEVIS ID Number:
Student's Major:	(Expected) Program of Study Completion Date (mm/dd/yyyy):
Have you received AT Authorization before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Months of previous AT Authorization (if applicable): Months
Which type of AT are you applying for? <input type="checkbox"/> Pre-completion (You will NOT be finished with your academic program before your AT start date) <input type="checkbox"/> Post-completion (You will be finished with your academic program by your AT start date)	
AT Agreement:	
<i>Please initial next to each comment below.</i>	
	I am responsible for reporting any changes in my employment to the International Student Services office.
	This AT authorization is valid only for this specific position. If I attain another AT position, I must submit this form again. I cannot start working with an employer before being authorized.
	I will update any address changes through myUH portal during pre-completion and the post-completion AT.
	I am responsible for having health insurance that fully meets the J-1 requirements for me and for my dependents during my AT period.
You must apply at least 10 business days prior to the end date on your DS-2019 or completion of study, whichever is earlier.	

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Part B: Worksite Information		
<p><i>To be completed by the student.</i> Attach the offer letter with your AT application form.</p>		
Student’s Job Information		
Student’s Job Title:	Number of hours per week:	Date of training (mm/dd/yyyy): From _____ To _____
<p>Post-Completion AT Only – Is this Post-Completion AT paid or unpaid?</p> <p><input type="checkbox"/> Paid <input type="checkbox"/> Unpaid</p> <p>Unpaid Post-Completion AT only: If position is unpaid, you must provide proof of finances that covers your and your dependents’ living expenses. The estimated living expenses are based on the total for books/supplies, meal/housing, and personal expenses: https://www.hawaii.edu/fas/basics/student_budget/ The estimated financial support for a dependent (J-2) is \$6,000, per year. Attach the proof of available funding for the duration of the requested post-completion AT with your AT application form.</p>		
Employer/Company Information:		
Employer/Company Name:	Employer/Company Street Address	
Employer/Company City:	Employer/Company State:	Employer/Company Zip Code:
Is the employer/company address also the physical location of your work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Work Site Information		
(To be filled if the employer/company address is not the physical location of work)		
Physical Work Site Street Address:		
Physical Work Site City:	Physical Work Site State:	Physical Work Site Zip Code:
Supervisor’s Information		
Supervisor’s Last Name, First Name:	Supervisor’s Title:	
Supervisor’s Telephone Number:	Supervisor’s Email Address:	

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Part C: Training Information

To be completed by Academic Advisor or Department Chair

1. GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM:

2. HOW DOES THE TRAINING RELATE TO THE STUDENT'S FIELD OF STUDY?

3. WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF THE 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 Advisor or Department Chair:

Print Name of the Academic Advisor or Department Chair:

Date of Signature (mm/dd/yyyy):

Email of the Academic Advisor or Department Chair:

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Part D: Evaluation by J-1 Program Response Office or Alternate Responsible Officer	
<i>To be completed by the ISS Office's J-1 Program Responsible Office (RO) or Alternate Responsible Officer (ARO)</i>	
1. I have reviewed this letter and determined that the "Academic Training" being requested: <input type="checkbox"/> Is Warranted <input type="checkbox"/> Is Not Warranted.	
2. The criteria and time limitations set forth in 22 CFR §514.23(f)(3) and (4): <input type="checkbox"/> Are Satisfied <input type="checkbox"/> 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: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Signature of J-1 Program Responsible Officer/Alternate Responsible Officer:	
Print Name of J-1 Program Responsible Officer/Alternate Responsible Officer:	Date of Signature (mm/dd/yyyy):