KGI
KECK GRADUATE INSTITUTE
of Applied Life Sciences

International Student Services
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J-1 Academic Training Request Form

Mr./Ms._____, a J-1 student who ☐ is earning or ☐ has earned a _____ in _____, wishes to engage in the Academic Training program discussed below.

TRAINING PROGRAM DETAILS (to be completed by the student)

Job title: _____

Start Date: _____ (mm/dd/yy) End Date (if applicable): _____ (mm/dd/yy)

Hours Per Week (select one): ☐ Part-time (20 hours or less) OR ☐ Full-time (21+ hours)

Name of Company (daily work site): _____

Address of Company (daily work site): _____
Street Number & Name, City, State, Zip code

Name of Staffing/Hiring Agency (if applicable): _____

Address of Staffing/Hiring Agency (if applicable): _____
Street Number & Name, City, State, Zip code

Please list any periods of previously used academic training: _____
MM/DD/YY to MM/DD/YY; while on current program only

DESCRIPTION OF THE TRAINING PROGRAM (to be completed with academic advisor)

1. Goals and objectives of the specific training program.

_____
_____
_____

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

_____
_____
_____

3. Why is the training an integral/critical part of the exchange visitor student's academic program? (If the student has completed his/her program, explain how this training is a direct application of the program of study).

_____
_____
_____

DEPARTMENT AUTHORIZATION (to be completed by the academic advisor)

As the student's academic advisor I have set forth the nature and details of the "Academic Training" Program listed above. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With my signature below, I recommend that you authorize this individual to participate in the "Academic Training" program that I have described.

_____
Name & Title of the Academic Advisor (please print or type)

_____
Signature of the Academic Advisor Date