

# J-1 Academic Training Request

Current students must submit this request form along with the Pre-Internship Approval Form found in Sakai. Alumni may submit only this form to request an extension of their academic training.

I, \_\_\_\_\_, am a J-1 student who  is earning or  
(full name)  
 has earned a \_\_\_\_\_ am requesting to engage  
(degree type, i.e. Masters in Engineering)  
in the Academic Training program discussed below.

I understand the regulatory limits of Academic Training as listed in the [J-1 Guide to Academic Training](#) and am listing any periods of previously used academic training here:

\_\_\_\_\_  
MM/DD/YY to MM/DD/YY

\_\_\_\_\_  
MM/DD/YY to MM/DD/YY

\_\_\_\_\_  
MM/DD/YY to MM/DD/YY

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

**TRAINING PROGRAM DETAILS** (to be completed by alumni requesting an extension of their academic training; current students submitting the PIAF may continue to page 2)

**Job title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date (if applicable):** \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

**Hours Per Week:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**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

**The Office of International Students and Scholars**

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

Please list Goals and Objectives of the specific training program:

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Please indicate how this training relates to the student's major field of study?

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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).

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**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.

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

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Signature of the Academic Advisor

Date