Academic Advisor Certification of Proposed J-1 Academic Training

(Return to Office of Visa & Immigration Services-OVIS, HB 6202 with copy of job offer letter. Please allow a *minimum* of two weeks to process your Academic Training request. Employment without Academic Training authorization from OVIS is not allowed.)

Name of Student: _______________________________________________________________________

Field of study / Major field: _______________________________________________________________

Degree program: ________________________________________

Date of graduation or program completion (date thesis submitted or last exam completed):

______________________________________________________________________________________

Description of the training program or employment:

Name of Company: _____________________________________________________________________

Location: _____________________________________________________________________________

_______________________________________________________________________________

Job title: ______________________________         Salary per year: ___________________________

Name of training or employment supervisor: _________________________________________________

Number of hours per week ____         Dates of the training:  From _______________  to ______________

Please briefly list the goals and objectives of the training program or employment:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

How does the training or employment relate to the student’s field of study?

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Please briefly state why or how the training program or employment is critical to the student’s academic program.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________
As the student's academic advisor or Dean I have approved the details of the academic training program and the amount of time requested as necessary to complete the goals and objectives of the training. I recommend that this student be authorized to participate in the program described on this form.

____________________________________________________________       ___________________
Signature of the Academic Advisor or Dean                    Date

____________________________________________________________
Name and title of the Academic Advisor or Dean

**Student Health Insurance Information:**

Company Name: ______________________________________________________________

Dates of Additional coverage: ____________________________________________________

I certify that I will maintain adequate health insurance coverage that meets U.S. State Department minimum requirements for the duration of my academic training period.

___________________________________  ____________________________
Student Signature                      Date

Printed name __________________________    Date __________________________