

ACADEMIC TRAINING REQUEST FORM: J-1



OFFICE OF INTERNATIONAL STUDENTS AND SCHOLARS

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Institution SEVIS ID Code: PHI214F10133000

This form is to be used for continuing WVU sponsored J-1 students
(item #2 of your DS-2019 must indicate WVU) to request Academic Training (AT).

You must meet with an Office of International Students and Scholar Advisor (OISS) to submit this request.

THIS SECTION TO BE COMPLETED BY THE STUDENT

Family Name:	Given Name:
Date of Birth (mm/dd/yyyy): _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female # of J-2 Dependents:
Student ID #:	SEVIS ID #: N
MIX E-mail:	Phone #:
Requesting: <input type="checkbox"/> Pre-completion AT <input type="checkbox"/> Post-Completion AT	Degree Level / Major:
Date of Expected Degree Completion (mm/yyyy): _____	Academic Training Dates: _____ to _____
Employer Name:	Job Title:
Street Address:	Supervisor Name:
Street Address:	Salary/Income from entire AT period: \$ _____
City, State, Zip code:	
Previous period of AT: _____ to _____	Employer:
Previous period of AT: _____ to _____	Employer:

Important Notes, Please Read

- Your academic training authorization period will begin the day after completion of your degree; you should begin engagement of your AT activity within 30 days of completion.
- You may not begin employment until your AT letter has been issued.
- AT authorization may not exceed 18 months. If you are eligible for a second 18 month period, it will be granted near the end of the first 18 month period.
- If you wish to extend your AT or change employers in the future, you will follow the same procedure; make request in a timely manner.

Checklist of required documents:

- Copy of your passport page(s) showing your picture, biographical information, and its expiration date
- Copy of paper or print-out of electronic Form I-94 (<https://i94.cbp.dhs.gov/i94/>)
- Copy of your current DS-2019, page 1
- An unofficial transcript download from your STAR account
- Employment offer letter
- Academic advisor Letter of Recommendation
- If you are requesting post-completion AT, submit a completed Financial Resources Statement and supporting financial documents

Read the statement below, sign, and date:

- 1) I certify I have read the request form instructions and information in full.
- 2) I certify the information I have provided is, to the best of my knowledge, accurate.
- 3) I understand I (and any J-2 dependents) must have WVU approved health insurance for the duration of my J-1 status.
- 4) I understand I must report any address changes, current (U.S.) or permanent (out of U.S.), through the Form AR-11 Change of Address form on the WVU OISS Website.

Student Signature: _____ Date: _____