Academic Training (Post-Completion): J-1 Student Request

ISSO will NOT process this request unless all sections of this form are completed and supporting documentation attached.

Student To Complete

ISU ID Number: __________________________ Phone Number: __________________________

Student Last Name: __________________________ Student First Name: __________________________

Non-ISU E-mail: __________________________

Information regarding current degree program:

☐ Bachelor’s Degree  ☐ Master’s Degree  ☐ Thesis  ☐ Non-Thesis  ☐ Doctorate  ☐ Non-Degree Exchange Student

☐ Creative Component

Major: ____________________________________________ (Please use the full name of your major, for example: Mechanical Engineering)

Academic training authorized any time in the past:

☐ No

☐ Yes (select one or more below):

☐ While enrolled as a student at Iowa State University

☐ While enrolled as a student at another U.S. school

☐ Attach copy of either the academic training authorization letter(s) or DS-2019 form(s) with previous authorizations for academic training

Information regarding the academic training position:

Employer Name: ____________________________________________

Employer Street Address: __________________________

Employer City, State, Zip Code: __________________________

Supervisor Last Name: __________________________ Supervisor First Name: __________________________

Supervisor Phone Number: __________________________ Supervisor E-mail: __________________________

Number of hours per week: __________________________

Salary for this position: __________________________

☐ Per Hour  ☐ Per Week  ☐ Per Month  ☐ Annual

Requested begin date: __________________________ (month/day/year)

Requested end date: __________________________ (month/day/year)

Please attach a job offer letter on company letterhead which confirms the above information on the position.

J-2 dependents (check if applicable): ☐ Wife/Husband  ☐ Number of Children: __________

By signing below, I confirm I have reviewed the Academic Training: Frequently Asked Questions - Students in J-1 Status handout located on the ISSO web site at http://www.isso.iastate.edu/Current_Students/forms.html.

Signature of Student: __________________________ Date: __________________________

Please allow ISSO 10 calendar days to process your request.

An e-mail will be sent to your ISU e-mail address to notify you when your request has been processed.

International Students and Scholars Office, 3248 Memorial Union, Ames, IA 50011-1130 • Phone: (515) 294-1120 • Fax: (515) 294-8263 3/8/13
A student in J-1 nonimmigrant status is eligible for a period of academic training directly related to the student’s major area of study. This benefit may be used either prior to or upon completing all requirements for the degree. It is important to understand that immigration regulations consider completion of degree requirements, not graduation, as the end of legal status.

As the individual most knowledgeable regarding the student’s academic program, or responsible for the administration of this graduate program, please use this form to review and recommend this student’s academic training request as appropriate. This form verifies the anticipated completion date and serves as a letter of recommendation. ISSO will review this recommendation to ensure it complies with immigration regulations.

**Academic/Faculty Advisor to Complete**

Student ISU ID Number: __________________________

Student Last Name: ___________________________  Student First Name: ___________________________

The information on the Academic Training (Post-Completion): Student Request form is accurate: □ Yes  □ No

If no, please explain: ________________________________________________________________

I recommend this request for academic training: □ Yes  □ No

If no, please explain: ________________________________________________________________

Information regarding the student’s academic training:

Goals and objectives: ________________________________________________________________

Description of the academic training program: ________________________________________

Explanation of how the academic training relates to the student’s major field of study: ____________

Explanation of why this academic training is an integral or critical part of the academic program of this student: ________________________
Information regarding the student’s current academic program:

Student is in good academic standing: □ Yes □ No

Estimated date (month and year) this student will be eligible for the final oral defense: ________

Estimated date (month and year) when all degree requirements will be completed: ________

Advisor Last Name: ____________________________ Advisor First Name: ____________________________

Advisor Signature: ____________________________ Date: ____________________________

Director of Graduate Education (DOGE) to Complete

As DOGE, I concur with the recommendation of the student’s advisor above: □ Yes □ No

If no, please explain: _______________________________________________________________

DOGE Last Name: ____________________________ DOGE First Name: ____________________________

DOGE Signature: ____________________________ Date: ____________________________

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