

**APPLICATION FORM FOR J-1 STUDENT ACADEMIC TRAINING
(for students with Harvard University J-1 Sponsorship)**

Please read the information on the HIO Website about J-1 Academic Training. If you have a Form DS-2019 from another organization, please contact that organization for instructions about academic training. If your Form DS-2019 was issued by Harvard University, please complete this form and submit it with the job offer letter from your employer to your Harvard academic advisor for a signature. HBS students should go to the MBA Registrar Services for the signature. You may bring or mail a copy of your employer's letter and this completed form to the HIO. **A personal check in the amount of \$150 payable to Harvard University is required for your first post-completion Academic Training application.** The fee is non-refundable.

PLEASE ALLOW THE HIO AT LEAST TWO WEEKS TO RESPOND TO YOUR APPLICATION.

Student's name: _____ SEVIS ID #: N000 _____

Student's phone #: _____ E-mail address: _____

Student's current U.S. residential address: _____

I am currently enrolled as a full-time student in good academic standing: Yes No

My expected academic program completion date or actual program completion date: _____

Have you received AT authorization before? No Yes If yes, I received a total of _____ month(s) of AT in the past.

Check only one:

I would like to have my Academic Training authorization sent to the address above.

I will pick up my Academic Training authorization at the HIO. Please e-mail me when it is ready.

1. DESCRIPTION OF THE TRAINING PROGRAM:

Name of the training employer/company: _____

Address of the training employer/company: _____

Training supervisor's name: _____

Training supervisor's phone number: _____ E-mail address: _____

Dates of the training: from (mm/dd/yyyy): _____ to: _____

Number of hours per week: _____ Total amount of salary: \$ _____

2. OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM FOR THIS STUDENT:

3. HOW DOES THE TRAINING RELATE TO THE STUDENT'S MAJOR FIELD OF STUDY AT HARVARD?

4. WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF THE STUDENT'S ACADEMIC PROGRAM AT HARVARD?

As the student's Academic Advisor (or equivalent), I have reviewed the above information. I approve the proposed training for the student. With this form, I recommend that you authorize the student to participate in this specific Academic Training program.

Signature of the Academic Advisor (or equivalent)

Date

Name and title of the Academic Advisor (PLEASE print)