Academic Training (AT), as described by USCIS, is authorized employment for up to 18 months which may be taken prior to or following the completion of a student’s course of study. Employment must be related to the student’s field of study. Students whose DS-2019 is issued by a sponsor other than the University of Southern Indiana must apply for AT from their program sponsor.

Applications for AT should be made at least two weeks before beginning work, if prior to graduation, or within 30 days of the completion of studies, if used post-graduation, but always prior to the expiration of your DS-2019 form to maintain legal status. You must have a job offer letter related to the field of study in order to receive AT authorization.

To apply, please complete and return the following to the Center for International Programs (1234 University Center East).

You will need the following documents:

- A letter from the prospective employer which describes:
  - position offered
  - salary amount
  - beginning and end dates of proposed employment
- Academic Training Form
  - Page 1 – Student Permission Request
  - Page 2 – Academic Advisor Approval
- Forms DS-2019 and I-94 for student and J-2 dependents
- Passport

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**Center for International Programs**
University of Southern Indiana
8600 University Boulevard
Evansville, IN 47712
812/465-1248
Fax: 812/228-5097

Updated 08/05/2014
Page 1
To be completed by the student and submitted to the Center for International Programs with the Academic Advisor’s Approval Form (page 2).

Student USI ID #: __________________________

Student’s Name: __________________________________________________________

Current Address: __________________________________________________________

Email: __________________________

Phone Number: __________________________

Major Field Listed on DS-2019: ____________________________________________

Expiration Date of DS-2019: __________________________

Date of first enrollment at USI: __________________________

Health Insurance Company: __________________________

I am currently enrolled full-time. [ ] YES. [ ] NO.
Undergraduate, 12 hours
Graduate, 9 hours

Summer hours are not required.

I will be graduating at the end of this semester. [ ] YES. [ ] NO.

________________________
Signature of student

Date

FOR OFFICE USE ONLY

Approved [ ]

Dates of Academic Training

Total months of Academic Training approved to date:

Denied [ ] / / to / /

Signature of RO/ARO

Date
Student’s Name: ____________________________________________________________

Academic Advisor’s Name: __________________________________________________

Title: ___________________________ Phone Number: _____________________________

Email: ________________________________________________________________

Goals and objectives of the specific Academic Training Program:

Description of Academic Training:

Name of Training Site: ___________________________ Address of Training Site: ___________________________

______________________________________________________________

Name of Supervisor: ___________________________ 

# of hours per week: _____________ Proposed dates for Academic Training: ___________ through ___________

Please indicate why the proposed training is an integral or critical part of the student’s academic program:

______________________________________________________________

Signature of Academic Advisor/Department Head ___________________________ Date ___________