

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

Center for International Programs

University of Southern Indiana
8600 University Boulevard
Evansville, IN 47712
812/465-1248

Fax: 812/228-5097

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).

FOR OFFICE USE ONLY

DATE RECEIVED

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 [] YES.
full-time.

I will be graduating at the [] YES.
end of this semester.

Undergraduate, 12 hours [] NO.
Graduate, 9 hours

[] NO.

Summer hours are not required.

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

Page 2

To be completed by the Academic Advisor.

FOR OFFICE USE ONLY

DATE RECEIVED

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