



International Offices
International Student Programs
isp@caltech.edu | 626-395-6330

J-1 Academic Training

Please review the information on the International Office website regarding eligibility, restrictions, benefits, and your responsibilities while on J-1 Academic Training (AT). Attach a job offer letter to this form.

Student Name: _____ Date _____

Email: _____ Degree Level: ☐ BS ☐ MS ☐ PhD ☐ Engineer

I have participated in Academic Training before? ☐ Yes ☐ No If yes, I received _____ month(s) of previous AT

I am applying for Academic Training from _____ to _____ for a total of _____ months.

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

I understand that during AT I am required to notify ISP of any changes to my name, address, visa status or work within 10 days. I also understand that I and any J-2 dependents must maintain health insurance that complies with the U.S. Department of State.

Student's Signature _____ Date _____

ACADEMIC ADVISOR OR DEAN'S RECOMMENDATION FOR ACADEMIC TRAINING

Regulations require that any J-1 student requesting AT must present a written recommendation from their Academic Advisor or the Dean. Please complete the information requested below.

DESCRIPTION OF THE ACADEMIC TRAINING PROGRAM

Employer & Location: _____ Job Title: _____

Name & Address of Training Supervisor: _____

Dates of training: _____ to _____ Number of hours per week: _____

Salary: _____ Source of Salary, if other than employer: _____

Does the training relate to the student's major field of study? _____ (YES or NO)

Does the specific training program meet the goals and objectives of the student's academic program? (YES or NO)

(If yes, please provide a brief explanation)

Is the training an integral part of the student's academic program? (YES or NO)

(If yes, please provide a brief explanation)

As the student's Academic Advisor or Dean I approve the amount of time requested as necessary to complete the goals and objectives of this training and recommend authorization of the student's Academic Training. The student is in good academic standing and will complete all of their degree requirements by the agreed upon defense date of:

_____ and will not be registered beyond the end of **Winter/Spring/Summer/Fall** Term _____.
(Circle One) (year)

Signature of Academic Advisor or Dean _____ Date _____

Name and Title of Academic Advisor or Dean _____