A student in J-1 status may be authorized to participate in academic training to begin not later than thirty (30) days after the completion of the student’s academic program, provided the following criteria are met as outlined in 22 Code of Federal Regulations 514.23(f)(3):

(1) “The student is primarily in the United States to study rather than to engage in academic training.”

(2) “The student is participating in academic training that is directly related to his or her major field of study at the post-secondary accredited educational institution listed on his or her Form DS-2019.”

(3) “The student is in good academic standing with the post-secondary accredited educational institution.”

(4) “The student receives written approval in advance from the Responsible Officer for the duration and type of academic training.”

To request authorization for Academic Training through the J Program, you will need to do the following:

- Complete the “Request for Academic Training Authorization” Form.
- Take this form to the Registrar for a signature.
- Discuss your academic training program with your academic advisor.
- Have your academic advisor complete the “Academic Training Recommendation Form.”
- Submit all of these forms to the Center for International Programs in a sealed envelope addressed with your name, e-mail address and box number.

Once you have submitted the completed forms, the Responsible Officer for the J Program will evaluate your request for academic training authorization in keeping with the requirements of the Code of Federal Regulations as noted above. You will receive written notification of the determination and a new Form DS-2019 if your request is approved.
REQUEST FOR ACADEMIC TRAINING AUTHORIZATION

As an international student attending Kalamazoo College through the J Program, I wish to request authorization for Academic Training.

Name_________________________ Today’s Date _________________

Kalamazoo College ID Number________ Major ___________ Box ________

Academic Advisor____________________________ Department____________

Location of Training Program______________________________

Name/Address of Supervisor______________________________________

Number of Hours per Week________ From_____________ To ______________
________________ (m/d/year) __________________ (m/d/year)

I have previously participated in J-1 academic training as indicated:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(month/day/year)</td>
<td>(month/day/year)</td>
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</tbody>
</table>

Student’s Signature_________________________ Date_____________________

Please complete the top portion of this form and take it to the Registrar for the following attestation concerning your academic standing.

I certify that the above-named student is in good academic standing as of today.

Signature_________________________ Date_____________________

Registrar Office

Student to submit all completed forms to the Center for International Programs in sealed envelope addressed with name, e-mail address and box number.
Advisor’s Academic Training Recommendation

Student’s Name ___________________________ ID Number ______________________

The above-named student is a J-1 student at Kalamazoo College whose major field of study is ___________________ and who wishes to engage in the Academic Training program outlined below. The following information must be provided according to 22 Code of Federal Regulations 514.23(f)(5)(i).

1. DESCRIPTION OF THE TRAINING PROGRAM:
   Location: ________________________________
   Name and Address of Supervisor: _________________
   Number of Hours per Week ___________
   Dates of Training: From ___________ to ___________

2. GOALS AND OBJECTIVES OF SPECIFIC TRAINING PROGRAM:
   ________________________________________
   ________________________________________
   ________________________________________

3. HOW DOES THE TRAINING RELATE TO THE STUDENT’S MAJOR FIELD?
   ________________________________________
   ________________________________________
   ________________________________________

4. WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF THE ACADEMIC PROGRAM OF THE EXCHANGE VISITOR STUDENT?
   ________________________________________
   ________________________________________
   ________________________________________

As the student’s academic advisor, I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the Academic Training program I have described.

Signature of Academic Advisor ___________________________ Date __________________

Title and Department _______________________________
Responsible Officer’s Academic Training Evaluation

Student’s Name ____________________________ Advisor ____________________________

1. I have reviewed the letter of recommendation from the above-named student’s academic advisor and determined that the “Academic Training” being requested is not warranted.

2. The criteria and time limitations set forth in 22 CFR 514.23(f)(3) and (4) are not satisfied.

3. In order to ensure the quality of the “Academic Training” program, I hereby evaluate the effectiveness and appropriateness of the “Academic Training” program in achieving the stated goals and objectives as satisfactory unsatisfactory.

Name and Title of Responsible Officer ____________________________________________

Signature of Responsible Officer __________________________ Date ____________________

New Form DS-2019 Prepared Date __________

Notification Sent to Student Date __________

cc Student File J Academic Training Authorizations

Revised November 4, 2009