

This form provides information as required by the U.S. Department of State's Exchange Visitor Program to grant employment authorization under academic training to an international student on a J-1 visa.

STUDENT INFORMATION

Name: _____ MU ID number: _____
Degree level: _____ Major: _____

DESCRIPTION OF TRAINING PROGRAM

Location: _____

Job title: _____ Number of hours per week: _____

Training program start date: _____ Training program end date: _____
mm/dd/yyyy mm/dd/yyyy

Training supervisor name: _____

Training program address: _____
street address city state zip code

What are the goals and objectives of the specific training program?

How is the training related to the student's major field of study?

Why is the training an integral or critical part of the student's academic program?

Academic adviser name: _____

Email: _____ Phone: _____

Signature: _____ Date: _____