



Center for International Education  
605 Washington Street  
PO Box 1857  
Fayette, IA 52142  
Phone: +1 (563) 425-5852  
Fax: +1 (563) 425-5833  
E-mail: [international@uiu.edu](mailto:international@uiu.edu)  
Web: [www.uiu.edu](http://www.uiu.edu)

## **ACADEMIC TRAINING (AT)**

### *Application Process*

Academic Training is available to students who hold a J-1 visa. Students can participate in the program before or after the student completes his/her program. However, the student can only work in his/her field of study. For every month a student holds a J-1 visa, he/she is eligible for one month of participation in the Academic Training program. The maximum number of months that can be accumulated is 18.

For more information about Academic Training, please arrange an appointment with the Center for International Education by calling 563-425-5852 or emailing [international@uiu.edu](mailto:international@uiu.edu).

### **Required Paperwork**

- 1) Completed Academic Training Authorization Form (included in this packet)
- 2) Letter from the prospective employer stating the following information:
  - a. Title of the position;
  - b. Length of employment (specific dates needed);
  - c. Location of employment (address preferred);
  - d. Salary;
  - e. Type of position (part-time or full-time) and number of hours worked in a week (20+ hours is considered full-time);
  - f. Brief descriptions of goals and objectives for this position;
  - g. Name, address, phone number and e-mail of supervisor.
- 3) Exchange Students: Letter from your home institution authorizing your participation in the program
- 4) Copy of DS-2019
- 5) Copy of Passport
- 6) I-94 Card or a printed copy of the I-94 information

### **Please note:**

- Students must apply within 30 days after completing his/her program.
- **Students who begin working without written permission in hand will be breaking U.S. law and will be out-of status with immigration.**

When ready, please submit all paperwork to:

Center for International Education  
Upper Iowa University  
605 Washington Street  
Fayette, IA 52142

Fax: (563) 425-5833

Email: [international@uiu.edu](mailto:international@uiu.edu)



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## ACADEMIC TRAINING (AT) AUTHORIZATION REQUEST FORM

### Part I: To Be Completed By Student

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Local Address in the U.S.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

### Part II: To Be Completed By Faculty Supervisor/Advisor

Term: \_\_\_\_\_

Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Total Number of Work Hours Per Week: \_\_\_\_\_

Student's Major (s): \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)

Dates When Required Coursework Will Be Completed: \_\_\_\_\_ (MM/DD/YYYY)

Faculty Supervisor/Advisor Signature: \_\_\_\_\_

Faculty Supervisor/Advisor Name: \_\_\_\_\_

Date: \_\_\_\_\_ (MM/DD/YYYY)

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### **FOR CIE USE ONLY**

Request:  Approved  Denied

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_