

REQUEST FOR ACADEMIC TRAINING

STUDENT SECTION (to be filled out online)

Name _____ UIN _____ SEVIS ID# N _____
SEVIS U.S. Address _____
E-Mail: _____@odu.edu Level: *Bachelors* *Masters* *Ph.D* Major _____

EMPLOYER INFORMATION

Requested Training Dates (MM/DD/YYYY) _____ - _____
This is full-time (+ 20 hrs/week – summer/end of program) part-time (1-20 hrs/week – while classes are in session)

What are the **SPECIFIC** goals of **this particular** employment? (NOTE: "To obtain practical experience in the field (or the like)" is **not** an acceptable goal. Please indicate goals relevant to coursework and/or duties in academic training.)

1.

2.

Supervisor's Name _____ Phone _____ E-Mail _____
Location of Training _____
Signature _____ Date _____

DEPARTMENT SECTION (to be completed by either a GPD or a Chief Departmental Advisor)

As the student's Chief Advisor or GPD, I approve of the nature and details of this 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 that has been described.

Is this training that is directly related to this student's coursework and/or academic program?

Yes No

I verify that the above-provided academic training goals are in keeping with an integral part of the degree program and that I have communicated about them with the student and/or the student's academic advisor.

Signature _____ Date _____
Name _____ Extension _____ E-Mail _____@odu.edu
Relationship to student: graduate program director chief departmental academic advisor (undergraduates only)

Office Use Only

The criteria and time limitations set forth in 22 CFR 514.23 (f)(3) and (4) _____ are _____ are not satisfied.
Until now, the EV has done _____ months of AT and is eligible for _____ more.

PhD: Pre-graduation
 Post-graduation

VISA Processing Only

Holds? Yes No If "yes," type? _____ GPA _____

Letter: Letterhead Original Company address Hours/week Start/End Dates Duties Internship only Hourly pay
NOTES: