

# Application for Academic Training for J-1 Students

Program No. P-1-0322

University of Southern California  
Office of International Services

( ) Mr. ( ) Ms. \_\_\_\_\_  
Family (Last) Name Given (First) Name Other

First semester at USC: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Semester Year Month Day Year

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Local Address: \_\_\_\_\_  
Number and Street Apt. # City Zip Code

E-mail Address: \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Degree Objective: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

### Type of Academic Training Requested

Before Graduation     After Graduation     Part-time     Full-time

**Have you been authorized for Previous Academic Training?**     Yes     No

If yes, please list all previous periods of authorized Academic Training.

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ This was:  Part-time  Full-time

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ This was:  Part-time  Full-time

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ This was:  Part-time  Full-time

### Application Checklist

#### Academic Training Before Graduation

- Recommendation letter from Academic Advisor/Dean (see back)
- Offer Letter (copy)
- Verification from Academic Advisor of completion of coursework (excluding thesis or dissertation) for full-time Academic Training before graduation.

#### Academic Training After Graduation

- Recommendation letter from Academic Advisor/Dean (see back)
- Offer Letter (copy)
- Verification of graduation date

**For office use only:**

\_\_\_\_\_ units for \_\_\_\_\_. Restrictions: \_\_\_\_\_.  RCL needed for \_\_\_\_\_.

**FORM OIS.42**

Revised 7/10/2007

**J-1 Student Academic Training**

**Recommendation Letter from the Academic Advisor/Dean**

**To:** Office of International Services

**Re:** J-1 Academic Training

This is to certify that \_\_\_\_\_ is a(n) (graduate / undergraduate)  
(Name of student)

student in the \_\_\_\_\_ program in \_\_\_\_\_  
(B.A./M.S./Ph.D. etc) (field of study)

The student intends to pursue academic training at \_\_\_\_\_  
(Name and Address)

\_\_\_\_\_.

The student will pursue training on a (part-time / full-time) basis under the supervision of

\_\_\_\_\_. This academic training will begin on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

and continue through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .

**Briefly describe the goals and objectives of the specific training program, its relationship to the student's major field study, and the reason(s) the training program is a critical part of the student's academic program.**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date