

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 contact the International Student Advisor at the McGlothlin Center for Global Education and Engagement by calling (540) 831-6200 or emailing gloaled@radford.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:

International Student Advisor
McGlothlin Center for Global Education and Engagement
Cook Hall #105
Email: gloaled@radford.edu

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/Semester: _____

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)

FOR MCGEE USE ONLY

Request: Approved Denied

Reviewed By: _____

Date: _____