

International Education & Engagement

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**ACADEMIC TRAINING
APPLICATION**

Students interested in Academic Training (AT) must submit the completed application and required documents no later than five business days prior to their program of study end date on their DS-2019. Approval must be received prior to the program end date or the student will lose eligibility for AT.

REQUIRED APPLICATION DOCUMENTS:

- 1. Completed Academic Training Application (see below)
- 2. Job offer letter (see example)
- 3. Letter supporting AT from Academic Advisor or Dean (see example)

ACADEMIC TRAINING APPLICATION

First Name _____ Last Name: _____

Address: _____

Phone: () _____ Email Address (8.4 ONLY): _____

Student ID # _____

____ Degree Major _____ Graduate Undergraduate (circle one)

____ Non-Degree Major _____ Graduate Undergraduate (circle one)

Work Authorization Start Date: _____

Work Authorization End Date: _____

Number of hours per week: _____ Full-time Part-time (circle one)

List any previous periods of authorized employment for AT _____

By signing this application, I affirm that the employment in which I will engage has direct relevance to my course of study.

(Signature of student) (Date)

Employer's Letter (sample)

On Company Letterhead

Date

International Education & Engagement
The University of Wisconsin-La Crosse
1209 Centennial Hall; 1725 State Street
La Crosse, WI 54601

To Whom It May Concern:

This letter is to confirm that our company is offering employment to the below named individual. This employment will serve as "academic training" during/following the individuals program of study at the University of Wisconsin-La Crosse.

Name: _____

Job Title: _____

Goals and Objectives of Job: _____

Employment Start and End Date (mm/dd/yyyy): _ _ / _ _ / _ _ _ _ to _ _ / _ _ / _ _ _ _

Number of Hours per Week: _____

Name and Address of Supervisor: _____

_____ City: _____ State: _____ Zip: _____

Location of Employment: _____

City: _____ State: _____ Zip: _____

*Salary: _____

Sincerely,

[Signature]

[Title]

Academic Advisor's Letter (sample)

On Department Letterhead

Date

The Office of International Education
University of Wisconsin-La Crosse

Dear

With this letter I recommend that you authorize the University of Wisconsin-La Crosse J-1 international student named below to participate in Academic Training (AT) as described.

Name of student: _____

Major/Field of Study: _____

Student ID Number: _____

Name of employer: _____

Location of the training program: _____

_____ City: _____ State: _____ Zip: _____

Name and address of the training supervisor: _____

_____ City: _____ State: _____ Zip: _____

Number of hours per week: _____

Dates of the training: From (month, day, year) ___/___/___ to ___/___/___

1. The goals and objectives of the specific training program are the following: _____

2. The training relates to the student's major field of study as follows: _____

3. The training is an integral or critical part of the academic program of the exchange visitor student for the following reason(s): _____

I approve of the amount of time requested as necessary to complete the goals and objectives of the training.

Sincerely,

Signature of the Academic Advisor or Dean