

**University of Connecticut**  
**Department of International Services and Programs (DISP)**

Student Union Building Room 307  
2110 Hillside Rd Unit 3083  
Storrs, CT 06269-3083 U.S.A.  
Tel.: 860-486-3855 Fax: 860-486-5800  
<http://www.disp.uconn.edu>

**Application form for J-1 Student Academic Training**  
(for students with UConn J-1 sponsorship)

You should follow these procedures if your DS 2019 was issued by UConn. If you have a DS 2019 form from another organization, please contact that organization for instructions about academic training.

Please read the information on our website about J-1 Academic Training. Complete this form and then take it to your academic advisor with the job offer letter from your employer and ask your academic advisor to review and sign the form and return it to you. By completing this form it has been determined that the academic training opportunity is consistent with the following: Hones skills which prepare the student for the home country job market; directly relates to the students field of study; encourages UConn's goal of building human networks around the globe by honoring and contributing to the student's commitment to develop his/ her field of study back at home.

1. Name of Student:

\_\_\_\_\_

2. Dates of the training:

from \_\_\_\_\_ to \_\_\_\_\_

3. Field of Study, Degree Objective and Degree Completion Date:

\_\_\_\_\_

4. Name of Company/Employer, name of training supervisor, e-mail address of the training provider, Job Title and the location of the training:

\_\_\_\_\_

5. \_\_\_ Full-Time \_\_\_ Part-Time (20 hours a week or less). Salary \$\_\_\_\_\_ per year/per month/per week (circle one)

6. Describe the academic training program including the goals and objectives .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Explain how the training relates to the student's field of study and why it is a critical part of this student's academic program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. As the student's Academic Advisor, I have set forth the nature and details of the Academic Training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this form I recommend that you authorize this student to participate in the Academic Training program that I have described.

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Date and Telephone

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Fax