

Part I. Student Information

1. Scholar's Family Name		First Name	Middle Name
2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Date of Birth:		4. Title: <input type="checkbox"/> Dr.; <input type="checkbox"/> Mr.; <input type="checkbox"/> Mrs.
5. KID No.:	6. SEVIS ID No.:	7. Email Address:	
8. U.S. Address:			
9. DS-2019 Start Date:	10. DS-2019 End Date:	11. No. of J-2 Dependents:	

Part II. Information about the Proposed Academic Training (AT)

12. Complete this section. The information must be written exactly as it is in the offer letter from your employer.

- a. Requesting: Pre-completion AT Post-completion AT
- b. Employer name: _____
- c. Employer address (include street, suite if applicable, city, state, and zip code):

- d. Job title: _____
- e. Supervisor name: _____
- f. Academic Training dates Requested: from _____ to _____
- g. Hours of work per week: _____
- h. Salary/income from entire AT period: \$ _____
- i. Have you completed your degree? Yes No
- j. If yes, what was the date of completion? _____; If no, what is your expected date of completion?

- k. Degree Level: Bachelor's Master's Doctoral Other. If Other: _____
- l. Major Field of Study: _____
- m. Previous periods of Academic Training:
 - (Date) From _____ To _____
 - (Date) From _____ To _____
- n. Proposed Training Objectives: _____

Important notes:

- You should begin engagement of your AT activity within 30 days of completion of your degree, if it is post-completion AT.
- You may not begin employment until you AT has been approved.
- AT authorization may not exceed 18 months. If you are eligible for a second 18-month period, it will be granted near the end of the first 18-month period.
- If you wish to extend your AT or change employers in the future, you will follow the same procedure; make request in a timely manner.
- You and your J-2 dependents must maintain a health insurance plan meeting the Department of State requirements during the entire period. Failure to maintain health insurance is a violation of the status. You must send your health [insurance policy documents](#) to OISSS in a timely manner.

Part III. Attestations

Please read the statement carefully.

- I certify that I have read the request form instructions and information in full.
- I certify the information I have provided is, to the best of my knowledge, accurate.
- I understand I (and any J-2 dependents) must have a required health insurance plan for the duration of my J-1 status
- I understand that I must report any address change, employment change to OISSS within 10 days of the change.

Part IV. Signature

Exchange Visitor's Signature:	Date:
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ACADEMIC TRAINING APPLICATION CHECKLIST

1. A copy of receipt of the J-1 [Academic Training Processing Fee](#).
2. A copy of your passport's biographic page.
3. A copy of your most recent form I-94.
4. A copy of your form DS-2019.
5. A copy of your unofficial transcript from TAMUK.
6. A copy of your proposed employment offer letter.
7. Academic Advisor Letter of Recommendation. For your reference, please see [Form OISSS-235](#), sample of recommendation letter.
8. If you are requesting post-completion AT, submit a completed Financial Resources Statement and supporting financial documents.
9. A copy of completed [Form OISSS-205](#), Health Insurance Compliance and support documents for you and your J-2 dependents (if applicable).