

Academic Training: J-1 Students

STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Last Name: _____ First Name: _____
 IIT ID#: _____ SEVIS ID#: _____
 IIT Email: _____ Phone #: _____
 Degree Level: _____ Major: _____

EMPLOYMENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Employer Information

Company Name: _____
 Worksite Address: _____
Street Address City State Zip Code

Supervisor Information

Last Name: _____ First Name: _____
 Phone #: _____ Email: _____

Position Information

Position Title: _____ Hours Per Week: _____
 Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

ADVISOR RECOMMENDATION (TO BE COMPLETED BY THE ADVISOR)

Main Goals & Objectives of Training: _____

Describe how Training relates to student's field of study: _____

Explain why this position is an integral part of student's academic program: _____

Expected completion date of all degree requirements (mm/dd/yyyy): _____

Advisor Signature: _____ Date: _____

Advisor Name (Printed): _____ Phone Extension: _____