

J-1 Students

AT REQUEST FORM

This form is to be used for continuing Millersville University sponsored J-1 students (your DS-2019 must indicate Millersville University) to request Academic Training. You must meet with an Office of International Programs and Services Advisor to submit this request. Please allow one week for processing.				
First Name, Middle Initial	Last Name	M Number	Telephone	
Date of Birth (mm/dd/yyyy)	Gender: ☐ Male ☐ Female	Millersville Email	,	
Current Address				
CHECKLIST OF REQUIRED	DOCUMENTS			
☐ Copy of the front side of your☐ Copy of your current DS-2019☐ An unofficial transcript downl☐ Employment Offer Letter☐ Academic Advisor CPT/AT Re☐ If you are requesting post-com	oaded from MAX equest Form	nit a completed Source of	Funds form with supporting documents.	
COMPLETE THIS SECTION				
1. Requesting: ☐ Pre-completion ☐ Post-completion Academic Training				
2. Employer name and address:				
3. Job title:				
4. Supervisor's name:				
5. Academic Training dates: to				
6. Salary/income from entire Aca	idemic Training period: \$			
7. Date of (expected) degree com	pletion:			
8. Degree Level: ☐Bachelor's	s □ Master's □ Doc	toral	or Field of Study:	
9. Previous periods of Academic Training:				
to	, Employer:			
to, Employer:				

IMPORTANT NOTES. PLEASE READ.

- Your academic training authorization period will begin the day after completion of your program; you should begin engagement of your Academic Training activity within 30 days of completion.
- You may not begin employment until your Academic Training letter has been issued.
- Academic Training 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 Academic Training or change employers in the future, you will follow the same procedure; make your request in a timely manner.

READ STATEMENT BELOW AND SIGN

- I certify 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 that I (and any J-2 dependents) must have Millersville University approved health insurance for the duration of my J-1 status.
- I understand I must report any address changes with the Office of International Programs and Services and through MAX within 10 days of the change.

Signature:	Date: