

# 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 a Warfel Center for Programs and Services Advisor to submit this request.

**Please allow one week for processing.**

|  |  |                    |           |
|--|--|--------------------|-----------|
| First Name, Middle Initial                         | Last Name  | Student ID Number  | Telephone |
| Date of Birth (mm/dd/yyyy)                         | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Millersville Email |           |
| Current Address (Street Address, City, State, Zip) |  |                    |           |

## CHECKLIST OF REQUIRED DOCUMENTS WHICH MUST ACCOMPANY THIS FORM AT SUBMISSION

- ☐ Copy of your passport page(s) showing your picture, biographical information, and its expiration date
- ☐ Copy of the front side of your most recent I-94 card
- ☐ Copy of your current DS-2019
- ☐ An unofficial transcript downloaded from MAX
- ☐ Employment Offer Letter
- ☐ *Academic Advisor CPT/AT Request Form signed through DocuSign*
- ☐ If you are requesting post-completion Academic Training, submit a completed Source of Funds form with supporting documents.
- ☐ Optional: If you will have J-2 dependents, complete and submit the form to Add J-2 Dependents

## 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 Academic Training period: \$ \_\_\_\_\_
7. Date of (expected) degree completion: \_\_\_\_\_
8. Degree Level: ☐ Bachelor's ☐ Master's ☐ Doctoral ☐ Other Major Field of Study: \_\_\_\_\_
9. Previous periods of Academic Training:
  - \_\_\_\_\_ to \_\_\_\_\_, Employer: \_\_\_\_\_
  - \_\_\_\_\_ 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 Warfel Center for International Programs and Services and through MAX within 10 days of the change.
- **I understand that this document must be completed in DocuSign or submitted physically with a wet signature.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_