

International Programs 1401 Presque Isle Avenue Marquette, MI 49855-5301 906-227-2510 • Fax 906-227-2533 www.nmu.edu/ipo ipo@nmu.edu

J-1 Academic Training Application

You must meet with an International Student Advisor to submit this request.

			STUDENT:

THIS SECTION TO BE COMPLETED BY	THE STUDENT:					
Last Name:	First Name and M	liddle Name:		NMUIN		
Date of Birth:	Gender Number			of J-2 Dependents		
	M F	:		•		
Telephone Number:	Email Address: SEVIS		SEVIS Num	IS Number:		
			N			
Program Level:						
Bachelors Masters Non-Degree or Exchange						
Job Title:						
Job Responsibility:						
Name of Employer:						
Address of Employers (street addre	ess, city, state and z	rip code)				
Employer State Date:	E	Employer End Date:				
Number of hours per week:	V	Wage/Salary: \$				
APPLICATION CHECKLIST: o Academic Training Application o Formal letter of employment		eting all requireme	ents listed o	n Academic		

- Formal letter of employment on letternead meeting all requirements listed on Academic Training website http://www.nmu.edu/internationalprograms/academic-training.
- o Letter of Recommendation from Academic Advisor or Dean
- Additional proof of funding \$1200 per month (extra if you have any dependents).

THIS SECTION TO BE COMPLETED BY INTERNATIONAL PROGRAMS OFFICE:

I have review this application and all supporting documentation and determined that the academic training requested is warranted. The criteria and time limitations set forth 22 CFR Part 514.23(f)(3) and (4) are satisfied. In order to ensure the quality of the academic training program, I have determined the effectiveness and appropriateness of the academic training in achieving the stated goals and objectives to be satisfactory.

Approved by RO/ARO:	 	
Date:		