



COASTAL CAROLINA UNIVERSITY
Office of International Programs & Services

ACADEMIC TRAINING REQUEST FORM FOR STUDENTS IN J-1 STATUS

Section I: To be Completed by Student

Name: _____ Date: _____

CCU ID# or Social Security #: _____ Major: _____

Description of Proposed Training: _____

Name of Employer: _____

Address: _____

Proposed Training Dates: From _____ to _____ Hours per Week: _____

Attach your employment offer letter (on company letterhead) to this form

Section II: To be Completed by Academic Advisor/Internship Advisor

The international student named above is applying for Academic Training. This type of training may only be authorized if it complies with Federal immigration regulations. To determine if the proposed training meets the requirements, please complete and sign this form.

1. Is the student enrolled full-time and in good academic standing? Yes No

2. Student's expected date of completion: _____

3. Is the proposed training an integral part of the degree program? Yes No

If "Yes", please explain: _____

Name & Title of Person Completing Form: _____

Signature _____ Phone Number _____

E-mail: _____

Kaf: CCU OIPS 6/06/07

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