

EWC USE ONLY
DATE REC'D _____

REQUEST FOR ACADEMIC TRAINING

(for Graduate Degree and Obuchi Program Students)

Instructions: Requests for academic training must be submitted to the Associate Dean at least 30 days prior to beginning academic training. If country clearances are required, requests must be submitted at least 45 days before academic training begins and the clearances obtained prior to commencing the training. Post-completion academic training must commence no later than 30 days after graduation or completion of degree requirements with the exception of academic appointments beginning in the Fall Term.

Name _____	Country _____	
Degree _____	Field of Study _____	EWC Program _____
Degree Award Dates: _____ to _____		Current DS-2019 Expiration Date _____
Date of expected graduation or completion of degree requirements: _____		E-Mail Address: _____
Academic training requested from _____ to _____		
<input type="checkbox"/> Pre-completion	<input type="checkbox"/> Post-completion (max. of 18 months)	<input type="checkbox"/> Post-doctoral research (max. of 36 months)
Dates of any prior academic training: _____ to _____		

PARTICIPANT STATEMENT OF REASON: Please write a statement discussing the reasons you wish to engage in academic training. Your statement should include the following criteria. If more space is needed, please continue on the reverse side of this page.

1. A description of the training program, including location, name and address of the training supervisor, number of hours per week, and dates of training.

2. Your goals and objectives in undertaking the specific training program.

3. How the training relates to your major field of study.

4. Why it is an integral or critical part of your academic program.

5. Please include how this training will/may be beneficial upon your return to your home country.

If my request for academic training is approved, I agree to provide semi-annual reports (due in January and June of each year) on my employment/training status and contact information(residence and employment addresses and telephone numbers, and e-mail), and upon the completion of the training a report on the effectiveness and appropriateness of the training program in achieving the stated goals and objectives. This report will be submitted to the EWC Visa Officer within 30 days of completion of the academic training.

Participant's Signature _____ Date _____

UNIVERSITY DEPARTMENT'S RECOMMENDATION: Your department advisor must read and complete the section below:

This student is here on a federally-funded exchange visitor program, the basic intent of which is to provide training and skills which can be applied in the home country upon completion. The student is requesting permission to engage in academic training which is directly related to his/her academic program. Such training may include, but is not limited to, internships, practicums, and cooperative educational programs. Academic training must be an integral or critical part of the exchange visitor's academic program.

To be eligible, the student must be in good academic standing. For post-completion academic training, the student must have completed all degree requirements. The recommendation of the student's University dean or department advisor is required. Please answer or comment on the following questions:

1. Is the student is in good academic standing? ___ Yes ___ No

2. When is his/her expected date of graduation or completion of all degree requirements? _____

3. For post-completion academic training, the student may begin training prior to graduation if the Graduate Division certifies that all degree requirements have been completed. What work remains to be done before the Graduate Division can certify that all degree requirements have been met?

4. How does the student's proposed academic training program relate to his/her degree program?

5. Do you consider it an integral or critical part of his academic program? Why or why not?

6. Do you recommend that the student engage in the proposed academic training program? ___ Yes ___ No

Comments:

UHM Department Advisor's Name (printed) and Signature

Date

SUPPORTING DOCUMENTS AND CLEARANCES: Please attach the following documents with this request and submit completed application to your EWC Program Officer:

1. **Certification of Offer of Academic Training Position Form** completed and signed by prospective employer. If academic training is in an EWC program, substitute with EWC award agreement.
2. **Evidence of Insurance Coverage:** EWC health insurance coverage terminates upon completion of the EWC award. J-1 exchange visitors are required to maintain health insurance coverage which is in compliance with Department of State (ECA) exchange visitor regulations. **Evidence of having acceptable health insurance and repatriation and medical evacuation insurance for the initial employment period must be provided as part of the application for Post-Completion Academic Training.**
3. **Recommendation of home country employer:** Please provide name and address of your home country employer (if applicable): _____

If applicable, attach evidence of approved leave from your home country employer which permits you to stay in the U.S. for the period of academic training. If you are still in the process of obtaining this, attach evidence of what steps you have taken to obtain your employer's approval.

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PROGRAM REPRESENTATIVE APPROVAL: ___ Not applicable ___ Approve ___ Disapprove

If required, this request must also meet the approval of the EWC Program Representative in the student's home country. The Scholarship Coordinator should send a copy of this request and supporting documents to the program representative and request approval. Usually a 30-day period is required for clearance from the program representative. *Attach copy of request for approval and response from program representative.*

EWC PROGRAM RECOMMENDATION: ___ Approve ___ Disapprove

- ___ Student is in good academic standing.
___ Student is/will be on leave of absence from his/her award from _____ to _____.
___ Student has completed/will complete award on _____.

Associate Dean's Signature _____ Date _____

VISA OFFICER'S APPROVAL: ___ Approve ___ Disapprove

1. EWC Visa Policy ___ disagree ___ agree 2. EVP Regulations ___ disagree ___ agree
3. Country a. Date received from Employer _____ ___ not applicable ___ disagree ___ agree
 b. Date received from Program Rep _____ ___ not applicable ___ disagree ___ agree
4. ___ Certification of Offer of Academic Training Position ___ Evidence of Health Insurance
 ___ Certification of Completion of Degree Req. (if applicable) ___ Evidence of RME Insurance
5. Period of Academic Training: ___ New application ___ Previously engaged in academic training
 Previous academic training _____ to _____ = _____ months
 Remaining period available _____ months
6. Ext. to _____ 7. DS-2019 issued to _____ 8. SEVIS Entry Date: _____

Visa Officer's Signature _____ Date _____

ACTRNFRM_Rev050812: updated 05/08/2012