



**UNIVERSITY SYSTEM
OF GEORGIA**

International Education

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J-1 Exchange Visitor Program
Academic Training Request

I, _____ a _____ student majoring in _____, wish
(name of student) (name of USG institution) (name of major)

to engage in Academic Training from _____ to _____.
(month/day/year) (month/day/year)

I (please circle) have/have not participated in previous academic training as an exchange visitor student. The dates of my previous academic training program were from _____ to _____ and the total number of days worked during this academic training program was _____.

**The following is a detailed description of the J exchange visitor's academic training program:
(employer must complete)**

Company Name: _____
Job title: _____
Name of supervisor: _____
Email: _____
Phone number: _____
Address of work: _____

Number of hours to be worked per week: _____
Will the exchange visitor receive wages or other remuneration for academic training? _____

Description of academic training duties:

Goals and objectives of the training program:

Describe how this training relates to the exchange visitor's major or field of study.

Describe how this training is an integral or critical part of the academic program of the exchange visitor.

As the student's academic advisor or dean, I certify that the student is in good academic standing at this institution, and I recommend that you authorize this student to participate in the academic training program described above.

Signature of academic advisor or dean _____
Name and title _____
Date _____

***NOTE: The student CANNOT begin academic training until authorized by the Board of Regents Office of International Education.**

Please return to: Tammy Rosner - Office of International Education
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