

SECTION ONE: PERSONAL INFORMATION	
LAST NAME:	FIRST NAME:
STUDENT ID NUMBER:	UCI EMAIL ADDRESS:
PHONE NUMBER:	MAJOR:
I WILL COMPLETE MY DEGREE ON:	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR: _____

SECTION TWO: ACADEMIC TRAINING INFORMATION	
TYPE OF EMPLOYMENT YOU ARE REQUESTING:	<input type="checkbox"/> PRE-COMPLETION ACADEMIC TRAINING <ul style="list-style-type: none"> CHECK THIS BOX IF YOUR EMPLOYMENT IS TO START BEFORE YOUR GRADUATION DATE. <input type="checkbox"/> POST-COMPLETION ACADEMIC TRAINING <ul style="list-style-type: none"> CHECK THIS BOX IF YOUR EMPLOYMENT IS TO START AFTER YOUR GRADUATION DATE. <i>YOU MUST APPLY PRIOR TO COMPLETING YOUR DEGREE AND EMPLOYMENT MUST START WITHIN 30 DAYS OF COMPLETING YOUR DEGREE.</i>
ACADEMIC TRAINING PROPOSED DATES	
START DATE [MM/DD/YYYY]:	END DATE [MM/DD/YYYY]:
<input type="checkbox"/> PART-TIME [20 HOURS OR LESS]; PRECOMPLETION IS ALWAYS PART-TIME <i>EXCEPT</i> FOR SUMMERS <input type="checkbox"/> FULL-TIME [UP TO 40 HOURS]; POST-COMPLETION IS ALWAYS FULL-TIME	

SECTION THREE: EMPLOYER INFORMATION			
NAME OF EMPLOYER/COMPANY:			
EMPLOYER ADDRESS:	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
JOB TITLE:	EMPLOYMENT START DATE [MM/DD/YYYY]:		
SUPERVISOR'S NAME:	SUPERVISOR'S PHONE NUMBER:		
SUPERVISOR'S EMAIL:	SUPERVISOR'S SIGNATURE:		

ACADEMIC TRAINING APPLICATION AND CHECKLIST		
STEP ONE: PREPARE THIS FOLLOWING DOCUMENTS		
<ul style="list-style-type: none"> ORIGINAL J-1 ACADEMIC TRAINING APPLICATION [THIS FORM] ORIGINAL LETTER FROM ACADEMIC COUNSELOR/ADVISOR RECOMMENDING ACADEMIC TRAINING PHOTOCOPY OF EMPLOYMENT OFFER LETTER PHOTOCOPY OF PASSPORT BIOGRAPHICAL PAGE PHOTOCOPY OF CURRENT VISA PHOTOCOPY OF I-94 CARD 		
STEP TWO: YOU WILL SUBMIT YOUR COMPLETE PACKET AT A STUDENT EMPLOYMENT HAND-IN SESSION [PLEASE CHECK THE IC WEBSITE FOR DESIGNATED TIMES]		
STEP THREE: YOUR APPLICATION WILL REQUIRE SEVEN BUSINESS DAYS FOR PROCESSING AT THE IC.		
I CERTIFY THAT I READ AND UNDERSTAND THIS AGREEMENT AND THAT THE INFORMATION I HAVE PROVIDED IS TRUTHFUL TO THE BEST OF MY KNOWLEDGE.		
SIGNATURE:	PRINT NAME:	TODAY'S DATE [MM/DD/YYYY]: