

J-1 Academic Training Request Form

Office of International Affairs
University of California, Merced
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STUDENT INFORMATION

Student Name
(First and Last name)

Email Address

Program Start Date on DS-2019

Program End Date on DS-2019

SEVIS ID #

Student ID #

ACADEMIC TRAINING INFORMATION

Which Type of Academic Training
are you applying for?

Pre-Completion

Post-Completion

Previous Academic Training Used?

Yes

No

If so, how many months?

Health Insurance Agreement: I agree to maintain health insurance as required by the U.S. government that fully meets the J-1 visa requirements for myself and any dependents for the full length of my stay in the U.S. I understand that failure to maintain health insurance is a violation of my J-1 visa status and would lead to termination of my Exchange Visitor program and therefore my right to remain in the U.S.

Student signature: _____ Date: _____

EMPLOYMENT INFORMATION

Name of Employer

Student Job Title

Employer Address

Supervisor's First and Last Name

Supervisor's Phone #

Employment Start Date

End Date

Hours
Per Week

ACADEMIC ADVISOR'S RECOMMENDATION (REQUIRED)

I confirm the employment is related to the student's degree.

Advisor's Name: _____ Advisor's Signature: _____ Date: _____

