

REQUEST FOR ACADEMIC TRAINING

Name _____ Phone Number _____
 U.S. Address _____ E-Mail _____
 _____ Apt # _____ Academic Institution _____
 City _____ Field of Study _____
 State _____ Zip _____ Home Country _____
 Check box if this address information is new.

SECTION 1: CURRENT ACADEMIC ACTIVITIES

Your current program of study: **Master's** **Ph.D.** **Other** _____

List courses taken during the **CURRENT** academic term. If you were not required to take courses during the current academic year, describe your activities to date (*attach additional sheets as necessary*).

Term Dates: From ____/____/____ To ____/____/____ (month/day/year)

<u>Title of Course</u>	<u>Credits/Hours</u>
_____	_____
_____	_____
_____	_____

Indicate the degree or certificate, if any, that you will obtain upon completion of this program. Provide the date that all academic work will be completed in the United States.

_____ Month/Day/Year
 Degree/Study Program

SECTION 2: ACADEMIC TRAINING PROPOSAL & FINANCES

Proposed Training Position Description: _____

Proposed Training Position Title: _____

Site of Academic Training Program: _____

Hours per Week: _____ Estimated Monthly Salary/Stipend: _____

If you are not receiving a sufficient salary/stipend to cover expenses, indicate the amount and source of additional funding and attach supporting documentation: _____

Inclusive Dates of Training Program: Start: ____/____/____ End: ____/____/____

Do you have an approved leave of absence from a position in your home country? Yes No Not Applicable

If yes, when does your leave of absence expire? ____/____/____

Name:	Country:
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(SECTION 2 continued)

Do you have J-2 dependents with you in the U.S.? No Yes If yes, include the J-2 Dependent Data Sheet (http://www.foreign.fulbrightonline.org/current_j2_dependent_info.html) and required proof of financial support (e.g., bank statement) with this Request for Academic Training.

Do you have any international travel planned in the next few months?
 No Yes, I plan to travel outside the U.S. from ____/____/____ to ____/____/____
 Do you need to renew your J-1 visa while you are abroad? Yes No

Address, Phone Number & E-mail outside of the U.S.: _____

SECTION 3: ACADEMIC ENDORSEMENT — This section MUST be completed by the academic advisor or dean (not by the student), and certified by signature below.

By completing this section and signing below you are certifying the appropriateness of the proposed academic training for a Fulbright student in support of the Fulbright program, an international exchange program sponsored by the U.S. Department of State (DOS) and partner governments. The program seeks out academically exceptional individuals with the potential to take on the challenges of contributing to their fields in their home countries. Your role in determining the academic merit of this opportunity is greatly appreciated. Fulbright exchange students, as J-1 visa holders [22 Code of Federal Regulations 62.23 (f)], can apply for DOS and home-country-sponsor approval to participate in academic training and are required to return home for a minimum of two years after completing academic training.

- Please comment on whether the academic training opportunity is consistent with the following:
- Hones skills that prepare the student for the home country job market;
 - Directly relates to the Fulbrighter’s field of study;
 - Encourages the Fulbright goal of building human networks around the globe by honoring and contributing to the student’s commitment to develop his or her field of study in the home country.

Please describe the academic training program including the goals and objectives.

Explain how the training relates to the student’s study area and why it is a critical part of the Fulbrighter’s academic program.

ENDORSEMENT OF ACADEMIC ADVISOR			
I have completed and reviewed Sections 1-3 of this application. I certify that the information concerning the academic program and the academic merit of the request for academic training are correct. I confirm that this student’s performance has been satisfactory in all respects. I fully support this request for academic training.			
Name	Signature		
Date	Title	E-mail	Phone Number

Name: _____	Country: _____
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SECTION 4: HOME RESIDENCE AGREEMENT –This section MUST be completed by the student.

I, _____ (name), confirm my commitment to comply with the two-year home country residence requirement and fulfill my obligation to return to _____ (country) upon completion of my program, which I request be extended to include a post-completion academic training at _____ (training site) from ____/____/____ through ____/____/____.

STUDENT SIGNATURE

Sign to confirm that the foregoing information regarding your proposed academic training program is correct and that you intend to return home upon completion of the training program.

Signature of Student

Date

All required documentation must be submitted to your IIE Regional Center *no later than six weeks prior to degree/program completion*. IIE cannot consider your Academic Training request without the following completed and signed documentation:

- 1) Request for Academic Training form, signed by you and your academic advisor
- 2) Confirmation of Offer of Academic Training Form completed by the prospective training provider (http://www.foreign.fulbrightonline.org/document/download/confirmation_academic_training_223.pdf)
- 3) A personal statement, including a description of the proposed academic training program in relation to the following:
 - Hones skills that prepare you for your home country job market;
 - Directly relates to your field of study;
 - Encourages the Fulbright goal of building human networks around the globe by honoring and contributing to your commitment to develop your field of study at home.

In addition, confirm your intention to comply with the two-year home residency requirement upon completion of the academic training program
- 4) A current official transcript
- 5) If you are on leave of absence from employment in your home country, you must submit a letter demonstrating that your home employer has approved extension of leave for the period requested
- 6) If you have J-2 dependents with you in the United States, please complete the J-2 Dependent Data Sheet (http://www.foreign.fulbrightonline.org/current_j2_dependent_info.html) and financial support documents (if applicable)

FOR IIE USE ONLY

Extension approved by IIE

Extension denied by IIE

Recommend approval

Academic Training Approved/Recommended Until: _____
Date

IIE Reviewer Name: _____ Signature: _____