

J-1 ACADEMIC TRAINING REQUEST FORM

In order to apply for Academic Training, submit this form along with your supporting documents to OISS (iss@hpu.edu or 500 Ala Moana Blvd, Suite 5A)

Section A: TO BE COMPLETED BY THE STUDENT:

Family Name: _____ First Name: _____ Middle: _____
(As appears on the passport and visa)

Email: _____ HPU ID: @ _____ Degree Program: _____

Registered Academic Program: _____

Intended Start Date: ____/____/____ (MM/DD/YY)
(must be a future date)

End Date: ____/____/____ (MM/DD/YY)

PAID EMPLOYMENT/TRAINING

UNPAID EMPLOYMENT/TRAINING

Name of Training Provider/Organization: _____

Physical Address of Training Provider/Organization: _____

Name and Email of Supervisor: _____

Hours: _____ per week FULL-TIME (20+ hours per week) PART-TIME (19.99 hours per week or less)

◆◆◆

Please describe the objectives of this training program: _____

How does this training relate to your academic program? _____

How will this training be evaluated? _____

By signing below, I acknowledge that I have read and understood my responsibilities pertinent to Academic Training authorization. I understand that I am responsible for the success of this training opportunity and will alert OISS immediately if there are any changes.

Student's Signature

Today's Date: ____/____/____ (MM/DD/YY)

J-1 ACADEMIC TRAINING REQUEST FORM

In order to apply for Academic Training, submit this form along with your supporting documents to OISS (iss@hpu.edu or 500 Ala Moana Blvd, Suite 5A)

Section B: TO BE COMPLETED BY THE HPU ADVISOR:

This student is here on an HPU J-1 exchange student 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 home university academic program. Such training may include, but is not limited to, internships, practicum, 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 program requirements. The recommendation of the student's Academic Advisor, Dean or Department Advisor is required. Please answer or comment on the following questions:

As an Academic Advisor or Department Chair I am aware of the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. I recommend that the J-1 Responsible Officer/Alternate Responsible Officer authorize this student to participate in the "Academic Training" program described above.

Printed Name of Academic/Faculty Advisor

Signature

Date

Email

Telephone Number