

International Student & Scholar Services

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location Oyaté Commons, Christensen Center



J-1 Student Academic Training Form

Student Information

Last Name _____ First Name _____ Augsburg ID _____

Major _____ Program Level: Bachelors _____ Masters _____

Description of Training Program

Name of Company/Organization _____

Job Title _____ Hours Per Week _____

Training Start Date _____ Training End Date _____

Training Supervisor _____

Training Program Address _____

What are the specific goals and objectives of this training program?

How is the training related to the student’s major field of study?

Why is the training an integral or critical part of the student’s academic program?

Faculty Advisor Approval

Faculty Advisor Name _____

Phone Number _____ Email _____

Faculty signature _____ Date _____

Responsible Officer Approval

Responsible Officer Name _____

By signing below, I approve the student named above for this Academic Training experience.

Faculty signature _____ Date _____