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## J-1 STUDENT ACADEMIC TRAINING APPLICATION

### J-1 STUDENT PERSONAL INFORMATION

Last Name/ Family Name	First/Given Name	Academic Department at CWRU
Program Completion Date (as printed on the DS-2019)	The student wishes to participate in Academic Training:	
	PRIOR to completion of study	AFTER completion of study

### DESCRIPTION OF TRAINING PROGRAM

To be completed by the Faculty Advisor or Dean:

Name of Training Site	Student's Job Title	Training Start and End Date (MM/DD/YY format)
Street Address	City	State and Zip Code
Name and Title of Training Supervisor	Number of Training Hours per week	
Supervisor Phone Number	Supervisor Email Address	
Please list objectives and goals for the training program:		

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