

AT CERTIFICATION



International Student & Scholar Institute, 405 Ell Hall
www.issi.neu.edu, 617-373-2310 (office), 617-373-8788 (fax).

J-1 Student: Certification of Academic Training (AT): ISSI Form 301

Requested type: _____ **Pre-Completion AT** _____ **Post-Completion AT**

To be completed by the student: _____ **Mr.** _____ **Ms.**

Name: _____
Last or Family First or Given Middle

NU ID #: _____ **SS #:** _____

To be completed by the Academic Advisor or Dean:

The J-1 student listed above majoring in _____
Degree

_____ completed _____ is expected to complete his/her academic requirements on _____ and seeks
to engage in the Academic Training (AT) program. The student will hold the position of _____
Title of Position

for a compensation of _____ supervised by _____
Amount in U.S. Dollars Name of Training Supervisor Telephone of Supervisor

at the following company/institution:

Name of Company or Institution

Address of Company or Institution including zip code

AT Start Date: _____ **AT End Date:** _____ **Hours per week:** _____
mm/dd/yyyy mm/dd/yyyy

What are the goals and objectives of the above listed training program? _____

How does this training relate to the student's major field of study? _____

Why is the training an integral or critical part of the academic program of exchange? _____

IMPORTANT: It is the policy at Northeastern University that a graduate student is not eligible to apply for pre-completion AT if he/she currently holds or is in the process of obtaining a Graduate Assistantship during the same time period of the requested pre-completion AT.

“As the student’s Academic Advisor or Dean, I have described 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. With this form, I recommend that this student be authorized to participate in the Academic Training program I have described.”

Signature of Academic Dean or Advisor

Date

Printed Name and Title of Academic Advisor or Dean

Phone extension

For graduate students

Endorsement of designated SEVIS contact

Date

Printed Name of designated SEVIS contact

Phone Extension

▼
To be completed by the ISSI Responsible Office/Alternate Responsible Officer:

- Upon review of this letter, is Academic Training warranted? Yes No
- Are the criteria and time limitations set forth in 22 CFR 514.23 (f) (3) and (4) satisfied? Yes No
- On evaluation of the stated goals and objectives, is the AT effective and appropriate? Yes No
- Is the student in compliance with the Exchange Visitor Health Insurance Requirement? Yes No
- Is a valid ISSI Form 305 on file? Yes No

Signature of J-1 Program RO or ARO

Program Number

Date