SMU | INTERNATIONAL STUDENT & SCHOLAR SERVICES
Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

ACADEMIC TRAINING APPLICATION FORM

Academic Training is training related to a student's field of study. Academic Training may be paid or unpaid and must be approved in advanced by an International Services Specialist. **22 C.F.R. § 62.23(f)(3)**

BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	SMU ID Number
Current Degree	Current Program Completion Date

Has any of your personal information changed (U.S. address, phone number, etc.)? □ Yes □ No
If so, please update your information in Access immediately.

THIS PORTION TO BE COMPLETED BY STUDENT: Is this a ○ Pre AT ○ Post AT

Name of Employer	
Name of Supervisor	
Supervisor's Email and Phone Number	
Job Title	
Academic Training Dates	

PLEASE PROVIDE JOB DESCRIPTION:

THIS PORTION TO BE COMPLETED BY ACADEMIC ADVISOR/DEAN

Goals and Objectives of this training?	
How does the training relate to the student's major field of study?	
Why is the training an integral or critical part of the academic program of the exchange visitor student?	
Academic Advisor/Dean's Name	
Academic Advisor/Dean's Email/Phone Number	
Academic Advisor/Dean's Signature and Date	

Please attach the following documents:

- _ Financial Documentation showing ability to provide funding for living expenses if applying for post academic training.
- _ Proof of Health Insurance
- ⌟ Copy of Job Offer letter

STUDENT'S SIGNATURE

By signing below, I affirm that I have continually maintained status and understand the consequences of my request.
Print Name:_____ **Signature:**_____ **Date:**__/__/__

International Services Specialist:	Signature:	Date: