



International Students & Scholars (ISS)

Email: [iss@scu.edu](mailto:iss@scu.edu)

Phone: (408) 551-3019

## **J-1 Academic Training Request Form**

Please complete this form and return it to our office along with an Internship Offer Letter signed by the company providing the internship opportunity.

### **PARTICIPANT INFORMATION**

Full Legal Name: \_\_\_\_\_

SCU ID#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **INTERNSHIP OPPORTUNITY**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Corporate Address (Street Address, City, State, Zip)

\_\_\_\_\_  
Address where the internship will be performed (if different than Corporate Address)

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Phone Number

\_\_\_\_\_  
Supervisor's E-mail Address

Number of Work Hours per Week: \_\_\_\_\_

Pay Amount: \_\_\_\_\_ per *Hour / Week / Month / Stipend* (circle one)

Start Date (mm/dd/yyyy): \_\_\_\_\_

End Date (mm/dd/yyyy): \_\_\_\_\_

Position Title: \_\_\_\_\_

Brief description of the intern's tasks, responsibilities, and goals:

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Explanation of how the internship will support the academic goals of the J-1 program and help the participant in the development of their skills:

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**REQUIRED SIGNATURES**

**Program Participant Certification**

I expect this internship will be a valuable contribution to my J-1 program.

Program Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Program Sponsor Certification**

Based on a review of this participant's standing and proposed internship, I approve this internship and confirm that it is directly related and integral to the participant's J-1 program goals.

Program Representative's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_