



Academic Training Request Form

Student Information:

Given & Family Names:	Date of Birth:
U.S. Home Address:	
Non-LLU Email:	U.S. Phone Number:

Program Information:

Program Name:	Degree:
Academic Advisor or Program Director/Chair:	
Program Completion Date <i>(Month/Day/Year):</i>	Recommendation Letter Attached: <i>Yes No</i>

AT Request Dates for DS-2019:

*AT Start Date:	**AT End Date:
Work Status <i>(Full-time status is 21+ hours per week):</i>	Full-Time Part-Time
*Note: AT Start Date cannot exceed more than 30 days from Program Completion Date **Note: AT End Date cannot exceed more than 36 months from Program Completion Date	

Acknowledgement Information:

_____ I understand that my AT start date can be as early as the first day after my Program Completion Date or as
Initials late as 30 days after my Program Completion Date.

_____ I have met with my A/RO at LLU ISSS, have been advised about my options regarding AT, and I
Initials understand my responsibilities to maintain my J-1 status during my AT.

_____ I understand that I must maintain valid health insurance for the duration of my AT.
Initials

_____ I understand that failure to meet any of the immigration regulations may result in the termination of my
Initials AT and J-1 immigration status at Loma Linda University.

Disclaimer:

The information in this guidance interpretation is provided for educational purposes only and not as part of an attorney-client relationship. It is not substitute for expert legal advice.

Student Signature

Date

LLU ID Number

TEMPLATE– Academic Advisor/Department Chair/Principle Investigator Recommendation Letter

The letter of recommendation, must be printed on LLU letter head and include an original signature of the Advisor, Chair, or P.I. writing the letter.

Letters can be scanned and sent to Esther Guerpo at eguerpo@llu.edu

Date

*(To:) Esther Guerpo, Director
International Student & Scholar Services, SSC 1201
Loma Linda University, CA*

(Salutation)

*I am recommending Dr./Mr./Ms. _____ (student's name), a(n) _____
(undergraduate or graduate) who will complete all the requirement for a _____
(B.S., M.S., PhD etc.) degree on, _____ *(date that has not yet been reached
– mm,dd,yyyy).*

*The student's major field of study is _____ and post-completion Academic
Training in the area of _____ (specific area of training) is highly
recommended. This training will give the student an opportunity to gain valuable
practical work experience in _____ (his/her) field of study and nicely
compliments the theoretical knowledge gained during their course of study.*

(Closing)

*Printed Name
Title*

***This date is the day that the student with complete all the requirements for their degree. This might not necessarily be LLU's graduation ceremonies date or the quarter/term end date.*