

| | Part A: | To be com | pleted by | STUDENT |
|----------------------|---------|-----------|------------|---------|
| Today's Date | | | WSU ID # | |
| | | | | |
| Family Name | | | First Name | |
| | | | | |
| Home/Wireless Phone# | | E-mail | | |
| | | | | |

| Part B: To 1 | be com | pleted by | 7 EMPLOY | ER | | | |
|---|------------------------------|-----------------------------|----------|----|--|--|--|
| Employer Name | | | | | | | |
| | | | | | | | |
| Employer Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Student's Employment Location (if different from the employer address above) | | | | | | | |
| | | | | | | | |
| Duration of Employment (both start and end dates required) Number of Hours per Week | | | | | | | |
| From / / | То | / / | | | | | |
| Student's Job Title | Compensation (if applicable) | | | | | | |
| | | | | | | | |
| Brief Job/Project Description: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Training Supervisor's Signature | Date | | | | | | |
| | | | | | | | |
| Training Supervisor's Name | | Training Supervisor's Title | | | | | |
| | | | | | | | |
| Phone | Email | <u> </u> | | | | | |
| | LINCELL | | | | | | |
| | | | | | | | |

Employer: Please return the completed form to the student or WSU International Student and Scholar Services. If you have any questions, please contact a J-1 student advisor.

Regulations about J-1 academic training can be found in 22 CFR § 62.23(f)

| Office of International Programs | | | | | |
|--|---------|-------------------------|--|--|--|
| International Student and Scholar Services | | | | | |
| Washington State University | Phone: | 509-335-4508 | | | |
| P.O. Box 645110 | Fax: | 509-335-2373 | | | |
| Pullman, WA 99164-5110 | E-mail: | ip.intlservices@wsu.edu | | | |

| Student and Scholar Services Advisor |
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