Office of International Programs
Washington State University

Employment Confirmation
J-1 Academic Training

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

Part B: To be completed by EMPLOYER		
Employer Name		
Employer Address		
Student's Employment Location (if different from the employer address above)		
Duration of Employment (both start and end dates required) From / / To / /		Number of Hours per Week
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	E-mail	

Employer: Please return the completed form to the student or WSU Global 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
Global Services
Washington State University
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For Internal Use	Global Services Advisor
SEVIS authorization on ☐ full-time / Part-time ☐ Database	