



International Affairs
 Tel. 718-626-3674
 oia@pratt.edu

Academic Training (Internship)
for J-1 students

Student Information:

Last Name _____ First Name _____
 Pratt Student ID _____ SEVIS ID #: N000 _____
 Telephone Number _____ E-mail: _____
 Degree Level: Bachelors Masters
 Major Field of Study as listed on line 4 of DS-2019: _____
 Pratt Program Completion Date as listed on line 3 of DS-2019: _____

Academic Training Information

Name of Employer (Company) _____
 Employer Address: Line 1 _____
 Line 2 _____
 City, State, Zip Code _____
 Supervisor Last Name _____ Supervisor First Name _____
 Supervisor Phone _____ Supervisor E-mail _____
 Position Title _____
 Position Responsibilities _____

Academic Advisor Recommendation *(To be completed by Pratt Academic Advisor)*

Main Goals and Objectives of Academic Training _____

 Describe how the Academic Training relates to the student's field of study _____

 Explain why this position is an integral or critical part of the student's academic program _____

 Student's Academic Major _____ Program Completion Date (mm/dd/yyyy) _____
 Signature _____ Date _____
 Name _____ Title _____
 Telephone Number _____ E-mail: _____

*Please attach 1) A copy of the letter from the company which includes: letter head, authorized signature, date of letter, dates of the program including month, day, year of start and end of the internship whether it is paid or unpaid and the position responsibilities. 2) A copy of course registration showing the internship.