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| Biographical Information | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Full Name as it   Appears on your   Passport: | | | | |  | | | | | |  | | | | | | | | |  | | | |
|  | | | | | Last | | | | | | First | | | | | | | | | Middle | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 2. SU ID: |  | | | | | 3. SEVIS #: | | | **N** | | | | | 4. Country of Citizenship: | | | | |  | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Current Phone: | |  | | | | | | 6. Current E-mail Address: | | | | | | | |  | | | | | | Preferred | |
| 7. Email address you will maintain after   completing your degree: | | | | | | | |  | | | | | | | | | | | | | | Preferred | |
| 8. U.S. Address: | |  | | | | | | | | | | | | | | | | | | | | | |
| Academic Program of Study | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Campus: | | | | Syracuse University  SUNY ESF | | | | | | 10. Degree Level: | | | | | | | Bachelor’s  Master’s  Ph.D. | | | | | | |
| 11. Academic Major(s): | | | |  | | | | | | | | | | | | | | | | | | | |
| Academic Training Information Data | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Academic Training   Request Type: | | | | | Pre-Completion Start  Post-Completion Start    Academic Training Extension | | | | | | | | | | 13. Duration of Current   Academic Training   Requested: | | | | | | Months | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Have you completed any Academic Training at this degree level?    No  Yes—Please enter dates of authorization: From       to       (      months) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Today’s Date  *(mm/dd/yyyy)*: | | |  | | | | 16. Requested Employment  Start Date *(mm/dd/yyyy)*: | | | | | |  | | | | | 17. Requested Employment  End Date *(mm/dd/yyyy)*: | | | | |  |
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| (SCIS Advisor Use ONLY) | | | | | | | | | | | | | | | | | | | | | | | |
| Document Review/Application Processing | | | | | | | | | | | | | | | | | | | | | | | |
| Maintained J-1 status and full-time enrollment  Department recommendation letter  Job offer letter    Copies: previous DS-2019s, passport, visa, and I-94 card  Training Data Sheet  Proof of health insurance | | | | | | | | | | | | Previous AT Utilized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  AT Remaining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Extend DS-2019 to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Shorten DS-2019 to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Changes | | | | | | | | | | | | | | | | | | | | | | | |
| Notes | | | | | | | | | | | | | | | | | | | | | | | |
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| Advisor Signature: | | | | |  | | | | | | | | Pick-Up Date: | | | |  | | | | | | |