|  |
| --- |
| 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)*: |       |
|  |
| (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 |
|  |
| Advisor Signature: |  | Pick-Up Date: |  |