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**ACADEMIC TRAINING APPLICATION**

## **STUDENT STATEMENT**

**NAME OF STUDENT:**

**FIELD OF STUDY:**

**COMPLETION DATE OF EXCHANGE PROGRAM:**

1. Name, address, and telephone number of employer:

1. Description of company or organization:

1. Describe how the academic training will complement your Richmond major.

Letter of employment offer enclosed:

I understand that I may not begin Academic Training until I have been authorized in writing by the Responsible Officer, and then I may only work during the period indicated on my authorization letter and DS-2019.

*Electronic signature of student*

Deadlines: **May 1** for the spring semester **December 1** for the fall semester

\*\*Please email to Diana Trinh, International Student Advisor, Office of International Education, University of Richmond at [dtrinh@richmond.edu](file:///C%3A%5CUsers%5Cdt5kp%5CDownloads%5Cdtrinh%40richmond.edu).