

The College of New Jersey
J-1 ACADEMIC TRAINING EMPLOYER APPROVAL FORM

INSTRUCTIONS: Please complete PART I and then submit it to your Prospective Employer for completion of PART II.

PART I: TO BE COMPLETED BY THE STUDENT

Name (printed) _____
Last/ family First Middle

E-mail _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

Local Address: _____

_____ City State Zip Code

PART II: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER - Please complete this form.
If you have any questions, do not hesitate to contact our office at (609) 771-2576

Name of the Company: _____

Company Address: _____

Training Supervisor: _____

Location of Employment: _____

Dates of Employment: Begins on: _____ Ends on: _____
(Month/ Day/ Year) (Month/ Day/ Year)

The student will be employed for this number of hours per week: _____

Compensation: _____

Description of job or project title, goals, and objectives: _____

Employer Name: _____ Signature: _____

Date Signed: _____ Phone: _____ / _____ E-mail: _____

Please return this form to the student or mail it to:

Fax: 609-637-5128

Phone: 609-771-2576

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