J-1 STUDENT ACADEMIC TRAINING (AT) APPLICATION

Academic training is work, training, or experience which is directly related to your major field of study. As a J-1 student, you may participate in academic training during or after your studies if your J-1 program sponsor grants written approval. Bachelor’s and master’s degree students are eligible for up to eighteen (18) months of academic training or a period equivalent to their full-time course of study in the United States, whichever is less. Doctoral students are eligible for up to thirty-six (36) months of academic training or a period equivalent to their full-time course of study in the United States, whichever is less. All academic training is counted as full-time, even if it is on a part-time basis.

Requirements for Eligibility

You may be eligible for academic training if:

- You are in valid J-1 status and are in good academic standing at Oregon State University;
- You have the approval of your academic dean or advisor and the J-1 program sponsor’s written approval in advance for the duration and type of academic training;
- You are in the United States primarily to study rather than engage in training;
- The proposed academic training is directly related to your field of study as listed on your DS-2019; and
- You will maintain health insurance coverage for yourself and any J-2 dependents throughout your academic training.

You may be authorized for academic training during your studies or within 30 days after completion of your academic program. If you plan to apply for academic training following completion of studies, you must obtain written authorization from your program sponsor prior to the expiration date on your DS-2019 and/or no later than 30 days following your final term of registration.

If you have received an employment offer but do not plan to begin your employment immediately following completion of your studies, please consult an International Student Advisor to discuss how this may affect your total amount of academic training.

If you plan to travel outside the U.S. during the 30 days following completion of your studies, you must apply for academic training before you leave the U.S.

Application Instructions

To obtain approval for academic training, you must follow these steps:

- Meet with an International Student Advisor to discuss your proposed academic training opportunity.
- Obtain a letter offering you a training position from your prospective employer. The letter should show the name, address, phone number, and email of the training supervisor; type of training; number of hours per week of training; salary information; dates of the training; and address of the training location (see sample letter).
- Ask your academic advisor to complete the Academic Advisor’s Certification for J-1 Academic Training, using the information in the prospective employer’s letter.
- Complete and return the Request for Academic Training form, the job offer letter, and the Academic Advisor’s Certification for J-1 Academic Training to the Office of International Services at least two weeks prior to your intended start date and prior to the expiration of your DS-2019 form.

Staff in the Office of International Services will determine your eligibility for academic training. If you are granted academic training, you will receive an employment authorization letter indicating the terms of approval.

Revised 08/04/2017
Request for Academic Training (to be completed by the student)

Last name (family) __________________________ First name (given) __________________________

Student ID _____ - _____ _____

Current U.S. Address, Phone, and Email: Go to https://ipconnect.oregonstate.edu.  Click on Select ‘Biographical Information’ and complete Local U.S. Address and Contact Information E-Forms.  *You are required to report these updates to SEVIS to maintain your immigration status.

Future address __________________________ Future address effective date ______

Degree:  □ Bachelor’s  □ Master’s  □ Doctorate  □ Other: __________________________

Field of study __________________________ Completion of studies date: __________________________

Please complete the following information about your proposed academic training:

Name and address of proposed employer ______________________________________________

Supervisor’s name __________________________

Supervisor’s Phone Number: __________________________ Supervisor’s Email Address: __________________________

Dates of training __________________________ Title of position __________________________

(mm/dd/yyyy  to mm/dd/yyyy)

Type of academic training requested  _____ During studies, without pay

 _____ During studies, with pay

 _____ After studies, with pay

 _____ After studies, without pay (please attach proof of financial support)

 _____ Postdoctoral training

If you have previously received approval for J-1 academic training (AT), please indicate the employment below:

<table>
<thead>
<tr>
<th>COMPLETE DATES OF TRAINING</th>
<th>NAME OF EMPLOYER</th>
<th>PROGRAM SPONSOR AUTHORIZING AT</th>
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I hereby certify that the information provided above is correct and complete.  I understand that I am not to begin employment until I have obtained written authorization from my program sponsor.  I also understand that while on academic training, it is my responsibility to maintain health insurance (in compliance with the J-1 regulations) for myself and my dependents and that my J-1 status could be terminated if I fail to do so.

J-1 Exchange Visitor’s Signature __________________________________________ Date __________

Revised 08/04/2017
Academic Advisor’s Certification for J-1 Academic Training (to be completed by the advisor)

Academic training allows students on J-1 Exchange Visitor visas to engage in up to 18 months of training (36 months for doctoral students) directly related to their field of study, provided they meet the requirements on page 1 of this form. Academic training may be authorized during studies or within 30 days after completion of studies. To certify the student's eligibility for academic training, we need the following information from you:

Name of student ___________________________________________ Date of completion of studies* __________________________

*NOTE: This date should be the completion of all degree requirements, including submission of the final copy of the thesis or project (if applicable). The student must obtain written authorization from the program sponsor prior to the expiration date on your DS-2019 and/or no later than 30 days following your final term of registration

Goals and objectives of specific training program:

________________________________________________________________________________________________________________________________________________________________________________________

Description of training program (including location, name and address of training supervisor, number of hours per week, and dates of training):

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Relationship of training to student's major field:

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Reasons that the training is an integral or critical part of the student's academic program:

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Authorizing Signature:

Academic Advisor’s Signature _______________________________________ Date __________________________

Academic Advisor’s Name (Printed)_________________________________________________ Department ________________________________

Telephone Number ___________________________ Email __________________________

Revised 08/04/2017
Mr. Bartolome de las Casas  
10 Water Street  
Corvallis, OR 97330

Dear Mr. de las Casas,

This is to confirm that Ocean Blue, Inc. is offering you employment as a researcher for 18 months starting January 1, 2017 and ending June 30, 2017. This employment will serve as “academic training” following your Bachelor of Science program in Fisheries and Wildlife Sciences at Oregon State University.

The goals and objectives of your training with us will be practical experience in studying the marine life near recreation areas.

The location of your training program will be at 1484 Seville Dr., Newport, OR and the waters off the city beaches.

Your training supervisor will be Mr. Philip King, Vice President for Marine Relations. His address, telephone number, and email address appear above on the letterhead.

You will be expected to work for 40 hours each week and your salary will be $40,000.

On behalf of the company, I welcome you to Ocean Blue, Inc.

Sincerely,

Isabella Crown  
Director of Personnel