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. Undergraduate and graduate 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 period.

You may be authorized for academic training during your studies or within 30 days after completion of your academic program. If you plan on applying 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 no later than 30 days following your final term of registration.

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 location, name and address of the training supervisor, type of training, number of hours per week, salary, and dates of the training (see attached sample).
- 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 International Student & Faculty Services at least two weeks prior to your intended start date and prior to the expiration of your DS-2019 form.

Staff in International Student & Faculty 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.

REMEMBER: You may not begin work until you have written authorization from your J-1 program sponsor.
Request for Academic Training (to be completed by the student)

Last name (family) ____________________________________ First name (given) ______________________________

Student ID # _________________________ E-mail address ________________________________________________

Current address ___________________________________________________________________________________

Telephone number (campus) ____________________________ (home) ______________________________________

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 _______________________________________________________________

_________________________________________________________________________________________________

Dates of training __________________________ Type 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  
   □ Postdoctoral training

**I have previously received approval for J-1 academic training (AT) as indicated 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 ______________

S:/share/ISAS/I Forms & Handouts/Academic Training.doc

Revised 3-7-2012
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 be authorized for academic training within 30 days from the date of final 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 _______________________________________________
Sample Employer’s Letter for J-1 Academic Training

Ocean Blue, Inc.
1492 Santa Maria Drive
Atlantic City, New Jersey 07777
201-555-1212

December 1, 2008

Mr. Christopher Columbus
10 Water Street
Hot Valley, California 92655

Dear Mr. Columbus:

This is to confirm that Ocean Blue, Inc. is offering you employment as a researcher for 18 months starting January 1, 2009 and ending June 30, 2010. This employment will serve as “academic training” following your Bachelor of Science program in Aquaculture at Parched Desert 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 the corporate headquarters in Atlantic City and the waters off the city beaches.

Your training supervisor will be Mr. Amerigo Vespucci, Vice President for Marine Relations. His address and telephone number 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,

Niña Pinta
Director of Personnel