

ACADEMIC TRAINING TRAINING FOR J1 STUDENTS

ACADEMIC TRAINING (AT):

Academic Training (AT) is US DHS/US DOS benefit available to students who are in J-1 status and who meet the following conditions:

- ***The AT activity cannot be offered for the primary reason of facilitating employment.***
- AT program is an ***integral part of an established curriculum in the student's course of study***, which is defined to be “alternate work/study, internships, cooperative education and any other type of required internship or practicum ***that is offered by sponsoring employers through cooperative agreements with the school***”.
- AT is ***limited to the location and dates*** indicated by a letter of offer from the company where the student will be working. The student must make a new request prior to any changes or modifications in the AT activities.
- There are two categories of AT authorization:
 - The training employment is **required of all degree candidates** in the program and is necessary for the awarding of the degree.
 - The training employment will result in the awarding of academic credit, at least preponderantly, if not solely, on the basis of the training experience. Included in this category is employment for a course specifically designed to award academic credit for an employment experience
- In EITHER of the above two scenarios the **internship elective/requirement must be listed in the AU bulletin or official published materials related to the academic degree program and must state in the official course description that it is specifically designed to allow students enrolled in the course to engage in off-campus internships.** ***Student must be enrolled for academic credit for the AT activity (each term that the AT is approved for).***
- ***You must have been lawfully enrolled full time study for one full academic year (at least 9 months) prior to the start date of the AT.*** Students may be eligible in their first year if their degree program requires internship in the first semester and they have been in student status for at least 9 consecutive months prior to the start of their degree program. Generally NO AT will be authorized for the first 9 months of status at AU.

ARE THERE ANY LIMITS ON AT?

1. You can have multiple ATs but the cumulative total may not exceed 18 months
2. Part-time AT (20 hours/week) counts as full time towards the maximum of 18 months.
3. POST COMPLETION AT must be approved prior to completion of program.
4. AT may NOT BE USED IN THE FIRST SEMESTER OR LAST SEMESTER unless it is mandatory part of your degree program – this requirement must be published in the AU bulletin or degree requirements for all students in the specific program.
5. AT is not considered to be for the purpose of employment; rather it is for the purpose of enhancement of the academic program.

WHAT PAPERWORK IS NECESSARY?

1. Complete and submit to Office of International Education (OIE) the attached forms.
2. Submit ***most current SEVIS I-20, I-94, Passport information page(s)*** to OIE.
3. A copy of your plan of study indicating the coursework required for PRE COMPLETION AT.
4. Your advisor must complete the ***advisor's AT recommendation letter*** (both you and your advisor must sign it). ***(must have info as in sample internship/practical training letter attached)***
5. Submit ***letter from prospective employer*** describing employment ***(must have info as in sample internship/training letter attached)*** to OIE.

**J-1 – J-1 * AUBURN UNIVERSITY OFFICE OF INTERNATIONAL EDUCATION * J-1 – J-1
ACADEMIC TRAINING REQUEST FORM FOR J-1 DEGREE SEEKING STUDENTS ONLY**

DATE OF REQUEST			
SID Number		SEVIS ID #	
LAST NAME		FIRST NAME	
CURRENT ADDRESS			
CITY/STATE/ZIP CODE			
Telephone Number			
AU Email Address			
Personal Email			

MAJOR FIELD of STUDY		VISA STATUS	
DATE OF GRADUATION		DEGREE	

Degree Program Status:

I have, I have NOT, completed all course requirements for my degree, excluding my thesis

I have completed all course requirements for the degree of (*check one below*)
 Ph.D. M.A. B.A. Other (*specify*): _____
 and am working on my thesis/dissertation/project research.

I will graduate (*month/year*): _____

Note: Academic training cannot be approved AFTER you graduate it must be processed PRIOR TO GRADUATION.

Academic Training Type REQUESTED

Pre-completion of Studies Academic Training

Post-completion of Studies Academic Training (18 months maximum)

Postdoctoral Training (max 18 months authorized at a time up to 36 month limit)

Mandatory Academic Training (required by program of studies; includes internship/co-op)

Previous Academic Training Authorization- Please check one below

Prior to this request, I have not used any form of academic training as a J-1 student.

Prior to this request, I have used some academic training as a J-1 student. I have used _____ months of academic training. Please provide copies of previous authorization.

Note: all academic training for any given degree level is counted toward the maximum limit, part time AT counts as full time.

PROPOSED ACADEMIC TRAINING DATE AND LOCATION

START DATE OF ACADEMIC TRAINING		END DATE OF ACADEMIC TRAINING	
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Exact location for Academic Training must be specified	Name of supervisor	
	NAME of EMPLOYER	
	ADDRESS OF EMPLOYER (street, city, state, zip code)	
	CONTACT INFORMATION OF EMPLOYER	
	Telephone #	Fax #
Email:		

ACCOMPANYING DEPENDENTS: Will your accompanying dependents (J-2) remain in the US during your Academic Training?

NO, please provide departure date information including copy of airline tickets (attached)

YES If so please complete the following so their records may be updated, remember that health insurance and all related maintenance of status continues to apply to all J-2's.

FULL NAME as appears on passport (First, Middle, Last)	SEVIS ID	BIRTH DATE (Mo/Da/Yr)	CITY OF BIRTH	COUNTRY OF BIRTH	Country of CITIZENSHIP	Spouse or Son or Daughter
_____	N_____	_____	_____	_____	_____	_____
_____	N_____	_____	_____	_____	_____	_____
_____	N_____	_____	_____	_____	_____	_____
_____	N_____	_____	_____	_____	_____	_____

Statement of Understanding Regarding Academic Training

I understand that:

1. **The AT activity cannot be offered for the primary reason of facilitating employment.** I have obtained an internship that is directly related to my major field of study.
2. AT may NOT BE USED IN THE FIRST SEMESTER OR LAST SEMESTER unless it is mandatory part of my degree program – this requirement must be published in the AU bulletin or degree requirements for all students in the specific program.
3. I am only authorized to work for the employer at the location indicated on my authorization and only for the period of time indicated. I must show my Academic Training Authorization letter, passport, I-94 and DS-2019 to the payroll/personnel or human resources department of my intended employer.
4. Academic training authorization cannot be given beyond the end date on my DS-2019. I understand that I must apply for an extension of my DS-2019 30 days before the current DS-2019 expires.
5. If I change my employer or need an extension of the dates authorized for academic training, I must apply at least 60 days in advance for academic training again to authorize the changes and or extensions. Extensions are NOT guaranteed.
6. **For PRE COMPLETION AT,** I can only be authorized for AT one semester at a time, authorization for one semester does NOT guarantee authorization for extensions or additional AT experiences. AT is NOT allowed in my final semester unless the internship is a requirement of my degree program and published in the AU bulletin.
7. **For PRE COMPLETION AT,** I must enroll in an appropriate course for “internship” credit for each semester that AT is approved and submit a full course of study form for any semester in which I register below the full time load. This course must be as published in the AU bulletin or departmental materials.
8. Any academic training used prior to completion of my degree will be subtracted from my post-completion academic training. Academic training part time or full time counts as full time towards the total academic training I am eligible for.
9. **For POST COMPLETION AT,** I am only eligible for up to 18 months AT. Based on eligibility criteria for postdoctoral academic training up to 36 months. This can be authorized for only 18 months at a time up to the total 36 months. ALL AT must be approved prior to graduation and begin within 30 days of completion of the degree program.
10. If I am engaging in POST completion academic training, I understand that I must carry health and emergency assistance insurance at all times for myself and any J-2 dependents associated with my J-1 status. For Pre completion AT, I will be automatically enrolled in the required AU health insurance for international students and scholars.
11. **For POST COMPLETION AT:** It is my responsibility to immediately report: change of address to OIE, report every six months providing proof of continued employment and health insurance coverage that is compliant at a minimum with the US DOS requirements.
12. **For PRE COMPLETION AT:** It is my responsibility to immediately report: change of address to OIE, changes in my AT location/program or academic program.

For **PRE COMPLETION ACADEMIC TRAINING** only:

- I have attached a copy of my approved plan of study which includes my AT enrollment
- I have attached a copy of the AU bulletin or departmental published course description for internships

For **BOTH PRE COMPLETION** and **POST COMPLETION ACADEMIC TRAINING:**

- I have attached the Advisors recommendation letter and the Employer offer letter.

Student Signature - By signing below I acknowledge that I understand the rules and regulations pertinent to AT, and agree to abide by all US DHS, US DOS and AU regulations regarding AT.

PRINT NAME -	SID/SEVIS ID	SIGNATURE	Date
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ADVISORS ACKNOWLEDGEMENT – I have discussed the abovementioned rules with the above named student and the student understands the academic requirements of AT.

PRINT NAME -	ADVISOR SIGNATURE	Date
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ATTACHED PLEASE FIND ACADEMIC ADVISOR LETTERS AND ACADEMIC TRAINING EMPLOYER LETTERS - ver 12/25/2004

Page 1 of ACADEMIC TRAINING ADVISOR LETTER

Date:

Director/Assistant Director (ACADEMIC TRAINING REQUEST)
Auburn University Office of International Education
201 Hargis Hall, Auburn, Alabama, 36849
Fax 334-844-4983

Dear Colleague,

Mr./Ms. SID a J-1 student majoring in wants to engage in the “Academic Training”
program discussed below.

Is this Academic Training PRE COMPLETION/ BEFORE GRADUATION :

NO, it is POST COMPLETION, graduation date Is this a post doctoral position: NO YES
 YES PRE COMPLETION is requested, indicate the course for which credit will be granted? Failure to
enroll will result in student being out of status.

Course Number Course Title

DESCRIPTION OF THE TRAINING PROGRAM

Begin Acad. Training date: **End** Acad. Training date:

Salary Volunteer, Paid: salary: Full time Part time: hours

Job Title

Name of training supervisor Title

Name of company/organization

address of the training supervisor Email

Telephone

GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM

•

HOW DOES THE TRAINING RELATE TO THE STUDENT MAJOR FIELD OF STUDY

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**WHY IS THE TRAINING AN INTEGRAL OR CRITICAL PART OF THE ACADEMIC
PROGRAM OF THE EXCHANGE VISITOR STUDENT**

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Place this document on departmental letterhead – ACADEMIC TRAINING ADVISOR letter

As the student’s Academic Adviser or Dean I have set forth the nature and detail of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter I recommend that you recognize this student to participate in the “Academic Training” program that I have described.

Sincerely,

Date:

Signature (above the line)

Telephone:

Title:

(Printed Name of Academic Advisor)

Email address:

*****STUDENT MUST SIGN BELOW *****

I understand the conditions under which this request is made and hereby agree to these conditions, furthermore I will submit a letter of offer from the company providing all contact information for where I will be employed:

Date:

Student Signature (above the line)

SID #

Telephone:

(Student Printed)

Email address:

Add as many pages as needed – for pre-completion Academic Training ATTACH COPY OF PLAN OF STUDY THAT INCLUDES AT COURSEWORK

SAMPLE - must be submitted on employer letterhead

Wording must be similar to the following:

SKY BLUE, INC.
1492 Neptune Drive
Mars City, Pluto 07777
201-000-1111

April 1, 2013

Mr./Ms. Ideal Student
10 Canal Street
Venus, Milky Way 92655

Dear Mr./Ms. Student:

This is to confirm that Sky Blue, Inc., is offering you employment as a Small Craft Designer for XXX months starting June 1, 2013 and ending MMM DD, YYYY. This employment will serve as "academic training" following your Bachelor of Science program in Navigation and Aquatics at High Plains University. The goals and objectives of your training with us will be practical experience in guiding small ramjet-driven craft through the solar winds in earth proximity, without disintegrating upon return. The location of your training program will be the company space yard in Site 12 City. Your training supervisor will be Amerigo Hobbes, Vice President for Earth Relations. His/her address, email and telephone number are as follows.

Address: _____
Address: _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
Email _____

You will be expected to work XX hours each week at a salary of \$\$\$\$\$. You will be provided with access to company benefits, will not be provided with access to company benefits.

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

Sincerely
Nina Pinta
Director of Personnel