ACADEMIC TRAINING APPLICATION

Overview

Academic Training (AT) is off-campus employment, training, or experience in a J-1 student’s major field of study. It may occur before completion of the student’s academic program, after completion of the academic program, or a combination of both. It must be an integral or critical part of the student’s academic program. AT may be authorized for paid or unpaid employment that is part-time or full-time.

Eligibility Requirements

- If The University of Akron did not issue your DS-2019, you must contact the J-1 program sponsor listed on your DS-2019 for assistance.
- You must be in valid J-1 status and you must maintain that status throughout your period of AT.
- Your primary purpose for being in the U.S. must be for study.
- You must be in good academic standing.
- You must have a job offer directly related to your field of study.
- Your academic advisor must support your intention to accept the proposed employment.
- You must apply before the completion of your academic program.
- Your training must take place with only the employer(s) listed on your DS-2019 and AT authorization letter.
- You must maintain health insurance coverage meeting the regulatory minimums for yourself and any J-2 dependents throughout your AT. The requirements are listed at https://j1visa.state.gov/participants/how-to-apply/eligibility-and-fees/ (click on “benefit levels” under the Insurance subsection).

Time Limitations

- For Non-degree, Bachelor, Master, and Doctoral level students, the total length of AT may not exceed the length of the full course of study or 18 months, whichever is shorter.
  - For example, if you are a Master’s student who completed your degree in 12 months, you are only eligible for 12 months of AT.
  - Additional restriction for non-degree students: The total length of your non-degree program (study plus AT) may not exceed 24 months.
- For students that complete a Doctoral program and will engage in “postdoctoral” training, the total length of time on AT may be extended to a total of 36 months or the length of the full course of study, whichever is shorter. The International Center will only authorize up to 18 months at a time.
- Exception: You may be authorized for more than 18 months of AT if your degree program requires a longer training period for all students in the program.
- Part-time and full-time employment count the same for purposes of the time limitations.
- Earning more than one degree does not increase the amount of available AT.
- For post-completion AT, your AT must begin within 30 days of your program completion date.
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Before Completion of Study

- Submit your completed application for AT to the International Center at least 2 weeks prior to your intended training start date.
- If you will be engaging in part-time Academic Training (up to 20 hours per week), you must be enrolled in classes full time during the AT.
- If you have a graduate assistantship, you must comply with the contract terms (e.g., no more than 8 hours of additional employment per week, and authorized in writing by your dean).
- If you will be engaging in full-time Academic Training (more than 20 hours per week) and wish to register for less than a full course load, your academic advisor must indicate in his or her recommendation: (1) the expected completion date of your academic program, (2) that the training is equivalent to a full course of study, and (3) the training will not interfere with your completion of your academic program in a timely manner.

After Completion of Study

- You must submit your completed application for AT to the International Center no later than the end date of your academic program, or you will lose eligibility for AT.
- If you plan to travel outside the U.S. after completing your program and wish to re-enter the U.S. to pursue AT, you must obtain AT authorization before departing the U.S.
- If your AT will be unpaid, you must show adequate financial support and insurance during the period of authorized employment. Check with the International Center about the amount of funds and acceptable proof of funding.
- You must work a minimum of 10 hours per week.

Application Process

1. Obtain a job offer letter signed by your employer, including your job title, description of the goals and objectives of your training, dates and location of training, number of hours per week, salary (if any), and name, title, and address of your training supervisor.
2. Complete the Student Application (attached, Section 2).
3. Have your academic advisor complete the Academic Advisor Recommendation (attached, Section 3).
4. Submit the following documents to the International Center:
   - Job offer letter,
   - Student AT Application,
   - Academic Advisor’s Recommendation,
   - Copy of your valid passport,
   - Copy of your I-94 Arrival/Departure Record,
   - If you are applying for post-completion AT, proof of health insurance covering the entire period of AT for yourself and any dependents, and proof that you can financially support yourself and any dependents during the AT.
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You will receive an email from the International Center if further documents are needed to process your request. You will be notified if your Academic Training is approved, at which point you will need to pick up your DS-2019 and AT authorization letter from our office prior to beginning the training.

Documents Needed for Employment

- If you are a paid employee, you and your employer must complete Form I-9. For Section 3, you may show the employer any of the acceptable documents listed on page 4 of the I-9 or in the accompanying M-274 Handbook for Employers. If you will be relying on your J-1 Academic Training authorization, see Section 7.4.1 of the Handbook. Please contact Robyn Brown at rkb@uakron.edu if you have questions regarding the I-9.
- If you do not already have a Social Security Number (SSN), you may take the DS-2019 with AT annotation to the Social Security Administration, along with your passport and I-94, to apply for a SSN. You should apply no earlier than 30 days prior to your AT start date.

Evaluation

You must submit the Academic Training Evaluation prior to the end date of the AT period listed on your DS-2019. The form must be signed by the academic advisor, supervisor, and student.
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Section 2 – to be completed by the Student

Biographic Information
Student Name (LAST, First) ___________________________________________   ID # ____________________
U.S. Street Address ____________________________________________________________ City _____________________________
State _____________________________ Zip Code _____________________________ Phone Number _____________________________
Preferred Email Address ____________________________________________________________

Academic Program Information
Major ___________________________________________ Expected Program Completion Date _____________________________
Level of Study (select one): Bachelor      Master      PhD      Non-degree
Prior periods of Academic Training, if any:
Start date __________________ End date ____________________ Employer ____________________________
Start date __________________ End date ____________________ Employer ____________________________
Start date __________________ End date ____________________ Employer ____________________________

I understand:
• I may not begin employment until the Academic Training start date listed on my DS-2019 and must end employment by the Academic Training end date listed on my DS-2019.
• I must inform the International Center within 10 days of any change to my address, phone number, or email address.
• If there are any changes to my employment duties, primary site of activity, dates of employment, or number of hours per week, I must notify my academic advisor and request permission from the International Center prior to making the change.
• I must request any extension of the Academic Training at least 2 weeks prior to the expiration of my Academic Training authorization.
• I must notify the International Center if I change visa status or permanently depart the U.S. during AT.
• I (and my J-2 dependents, if any) must maintain health insurance meeting the minimum J visa regulations throughout the duration of my AT.

_______________________________________________________________________________________
Signature ___________________________ Date _____________________________

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Section 3 – to be completed by the Academic Advisor

The student listed below wishes to apply for Academic Training (AT). AT is employment authorization for an experience that is integral or critical part of the student’s academic program. Please complete the form below, as this information is required by regulation. If more space is needed, you may attach an additional page. If you have any questions, please do not hesitate to contact the International Center at 330-972-6349.

Student_________________________________________   ID #_________________

1. Goals and objectives of the training program

____________________________________________________________________________________

____________________________________________________________________________________

2. Description of the training program (e.g. the activities the student will undertake)

____________________________________________________________________________________

____________________________________________________________________________________

3. Address of training program (please indicate the primary site and any additional training sites)

____________________________________________________________________________________

____________________________________________________________________________________

4. Name of supervisor __________________________________________________________________

5. Address of supervisor ______________________________________________________________

6. Maximum number of hours per week _________

7. Start and end dates of the training _______________ to _________________

8. How the training relates to the student’s major field of study

____________________________________________________________________________________

____________________________________________________________________________________

9. Why the training is an integral or critical part of the student’s academic program

____________________________________________________________________________________

____________________________________________________________________________________

Recommendation and Acknowledgment of Responsibility to Assess

I recommend this student for the Academic Training and am willing to complete an evaluation to assess the effectiveness and appropriateness of the Academic Training to ensure the quality of the academic training program.

__________________________________________________
Signature of Academic Advisor

__________________________________________________
Advisor’s Printed Name

________________________
Date

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