



J-1 ACADEMIC TRAINING PACKET

ACADEMIC TRAINING EMPLOYMENT AUTHORIZATION FOR J-1 STUDENTS

ACADEMIC TRAINING OVERVIEW

Academic Training (AT) is employment that relates directly to a student's field of study, as indicated on their DS-2019, and provides training in that field. This employment may take place on- or off-campus, involve multiple employers and be paid or unpaid. Pre-Completion Academic Training takes place concurrently with a student's studies at CWU, and Post-Completion Academic Training takes place after a student's academic program, with work commencing no later than 30 days after the program's end.

The maximum duration of AT is 18 months or a period equal to the length of the student's academic program, whichever is shorter. All AT applies equally to this limit; there is no distinction in this regard between part-time and full-time or pre-completion and post-completion training. With Post-Completion AT, the clock will begin at the end of the student's academic program, not the first day of employment.

Please note that for sponsored students (e.g., Fulbright, UGRAD, etc.), AT can be authorized only by your J-1 visa Program Sponsor in the form of a letter. You should contact your program sponsor for more information about the limitations of your eligibility.

The information that follows is a general description of the conditions of Academic Training.

General Guidelines Regarding Academic Training:

1. The training must be related to your program of study.
2. You must be in good academic standing.
3. You must maintain health insurance coverage for yourself and any dependents staying with you in the U.S.
4. Your academic advisor must approve the training.
5. AT can be authorized for up to 18-months total, or for an amount time equal to the time spent in the full course of study (e.g., 9 months of study as a J-1 student allows 9 months of AT), whichever is shorter.
6. AT that is authorized during the course of studies will only be authorized on a quarter-by-quarter basis.
7. Part-time AT counts against the 18-month period the same as full-time AT.
8. AT may be taken either during or after completion of the program of study. If AT is to be utilized after the completion of the program of study, you must present a copy of this offer to the Center no later than 30 days after the end of your program. After the 30-day period you will lose eligibility for this training.
9. In the event of unpaid academic training, you must provide proof of adequate funding for the period of the academic training being requested.

NOTE OF CAUTION – DO NOT WORK WITHOUT PERMISSION

Working, for pay or not, without proper authorization or not following the guidelines of the AT authorization is a serious violation of a student's nonimmigrant status. Therefore, a student should consult with OISP before taking any sort of employment or off-campus training. It is the student's responsibility as a J-1 student to comply with all immigration regulations which apply to the terms and conditions of the J-1 status. Upon failing to comply with USCIS & DOS rules for the J-1 status, a student is no longer eligible for the benefits normally granted to J-1 students, including on- or off-campus employment authorization.

Study Abroad and Exchange Programs

Office of International Studies and Programs

400 East University Way . Ellensburg WA 98926-7407 . Office: 509-963-3612 . Fax: 509-963-1558

AUTHORIZATION PROCEDURES

Advisors in the Office of International Studies & Programs are authorized by federal regulations to grant the actual written work permission on page one of the DS-2019, but this authorization will also be outlined in a supplementary AT authorization letter issued by a OISP advisor. Thus, if a student is eligible for work authorization and submits all the required documentation to a CIS advisor, the student may receive written work authorization within a matter of days.

ACADEMIC TRAINING APPLICATION PROCEDURES

Documents Required for Application

Student must obtain written authorization for Academic Training from OISP prior to beginning employment.

1. **J-1 Academic Training Application** completed by the student. See pages 3 and 4 for a sample. Click the link to complete the form electronically.
2. **Advisor's Recommendation** from the International Student Advisor in OISP. See page 5 for a sample. Click the link to complete the form electronically.
3. **Job Offer Letter** (sample on page 6) on official letterhead/stationery from the prospective employer. This letter must come from the agency that will be issuing the student's paycheck and must include all of the following information:
 - a. **Location.** Complete address of all locations where employment/training will take place. Do not submit Post Office Box only; a physical address of locations of employment/training is required.
 - b. **Position.** Position/title that will be held by the student.
 - c. **Part/Full-Time.** Letter should indicate whether the position is part-time or full-time. Part-time: 20 hours/less per week. Full-time: more than 20 hours per week.
 - d. **Duties.** Brief description of student's expected duties and responsibilities.
 - e. **Period of Employment/Training.** Both beginning and ending dates are required. Employer may specify that the ending date is for the purpose of AT authorization only. Authorization for Academic Training which is to take place during the course of a student's program of study is issued for only one academic term at-a-time.
NB: Academic term. For Pre-Completion AT, authorization dates may not overlap actual term dates. Authorization may end as late as the day before class begins for the following term. For example, if ISSS is authorizing AT participation for the fall semester, and spring classes begin January 5, authorization for a fall semester internship may be authorized to end as late as January 4.
4. **Recent unofficial CWU transcript**, available through student's MyCWU account.
5. **Proof of health insurance** which meets CWU requirements.
6. **Copies** of the following documents:
 - a. Current and previous DS-2019s,
 - b. passport,
 - c. most recent visa stamp, and
 - d. I-94 record: <https://i94.cbp.dhs.gov/i94/#/home>
7. **Financial support** (personal, governmental funding, etc.) if you won't be paid by your employer during the period of AT.



BIOGRAPHIC INFORMATION

Full Name (as in passport): _____
Surname/Family Name Name Middle Name (if any)

Date of Birth (month/ day/ year): _____ Gender : male female
(mmm/dd/yyyy - i.e. March 27, 1975)

CWU ID Number: _____ SEVIS DS-2019# N _____

CONTACT INFORMATION

Current Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

ACADEMIC PROGRAM (MAJOR AND EXPECTED COMPLETION DATE)

Degree Level: Bachelor's Master's

▶ Academic Major(s): _____

Expected Completion Date: _____
(mmm/dd/yyyy - i.e. Dec. 15, 2013)

PRACTICAL TRAINING DATA

Type of Academic Training You Are Seeking: <input type="checkbox"/> Initial AT <input type="checkbox"/> AT Extension		Weekly Duration of Requested Training <input type="checkbox"/> Part-Time (20 Hours/Wk or fewer) <input type="checkbox"/> Full-Time (More than 20 Hours/Wk)	
Requested Work Start-Date:		Requested Work End-Date:	Are you working on-campus now? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Hours/Wk
Have you participated in AT before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate periods of previous AT participation:	1. Full-time /Part-time from _____ to _____ 2. Full-time /Part-time from _____ to _____ 3. Full-time /Part-time from _____ to _____

PROSPECTIVE EMPLOYER DATA

Employer Name & Address: _____

Supervisor's Name:	Supervisor's Phone:
Supervisor's Email:	Your Job Title:

DOCUMENT AND REQUIREMENT CHECKLIST

REQUIRED DOCUMENTS <input type="checkbox"/> Academic Advisor's recommendation <input type="checkbox"/> Copies of DS-2019s, passport, visa, and I-94 <input type="checkbox"/> Unofficial Transcripts <input type="checkbox"/> Job Offer Letter <input type="checkbox"/> Financial support (optional, only if engaging in unpaid AT)	INTERNATIONAL STUDIES & PROGRAM NOTES FOR OISP USE ONLY		
	<input type="checkbox"/> Maintained full-time enrollment <input type="checkbox"/> Signed Student Responsibility Checklist		
	Advisor's Initials	Date Received	Date Completed

STUDENT RESPONSIBILITY AGREEMENT

While on Academic Training you must continue to abide by the rules and regulations governing your visa status. Please carefully read the statements below and place a check mark in the box next to each statement that applies to the type of practical training application that you are applying for. Sign at the bottom of the page. Your check marks and signature indicate your understanding and agreement to abide by the statements made.

ACADEMIC TRAINING RESPONSIBILITY CHECKLIST

I understand that I am eligible to work **only during the dates authorized by International Studies & Programs** as indicated on page 1, Section of my DS-2019 form and must show my original DS-2019 authorized for AT to my employer before beginning employment.

I understand that I am eligible to work **only for the employer** indicated on page 1 of my DS-2019 form.

I understand that if I wish to extend my academic training, **I must submit the following to OISP, prior to the expiration of the current AT employment authorization period indicated on my DS-2019 form:**

- (1) a new Academic Training Application,
- (2) an updated letter of employment,
- (3) an updated recommendation letter from my Academic Advisor,
- (4) proof of my continued health insurance coverage that meets Department of State minimum requirements, and
- (5) proof of financial support if I am requesting an extension of an unpaid AT.

If I do not do so, I must stop working on the date indicated on my DS-2019 form (page 1). Failure to do so may result in illegal employment in the US.

I understand that my passport must be valid at the time of academic training authorization and it is my responsibility to maintain passport validity throughout the duration of my program.

I understand that I am required by current immigration regulations to report the following to International Studies & Programs within 10 days of any change: legal name, residential or mailing address, employer name, employer address and/or loss of employment.

I certify that the above information is correct and complete, and that I shall notify OISP of any change in my personal information.

Signature: _____ Date: _____



**J-1 ACADEMIC TRAINING PACKET
ACADEMIC ADVISOR'S RECOMMENDATION**

TO BE COMPLETED BY ACADEMIC ADVISOR

Name of Student: _____

CWU ID Number: _____ Level of Study: _____

Major Field(s) of Study: _____

CWU Academic Department: _____

Advisor's Name: _____

Advisor's Title: _____

Advisor's Phone Number: _____ Email: _____

INSTRUCTIONS TO ACADEMIC ADVISOR: Please complete the following approval and sign at the bottom.

This is to confirm that the above-named student is a full-time student studying _____ at CWU.

The above-named student wishes to engage in a/an:

- internship,
- practicum,
- field experience,
- professional practice,
- work related to dissertation/thesis/project research.

Please list the goals and objectives for the training program: _____

How is the training related to the student's major field of study, and why is it integral to the program?

Below are the details about the training:

Student's Title/Position: _____

Employer's name: _____

Employer's exact street address: _____

Exact beginning date of experience: _____

Exact end date of experience: _____

Number of hours/week student will work: _____

I have discussed the student's plan to participate in this training and believe it to be a useful and integral academic experience. I recommend that the student participate in this experience.

Advisor's Signature: _____ Date: _____



[PLEASE PRINT ON COMPANY LETTERHEAD]

STUDENT'S NAME
STUDENT'S ADDRESS

DATE

Dear STUDENT'S NAME:

I am pleased to invite you to participate in an internship (or offer you a staff position) with the COMPANY NAME.

Under the terms of our agreement, you will be required to work from START DATE (e.g., SEPTEMBER 1, 2012) until END DATE (e.g., DECEMBER 31, 2012). Your position will require you to work a minimum of NUMBER OF HOURS per week at a rate of pay of \$X PER HOUR (OR WILL BE UNPAID).

During your time with us, your supervisor will be SUPERVISOR'S NAME AND TITLE.

Your position with COMPANY NAME will be POSITION TITLE. You will work at our location at PHYSICAL STREET ADDRESS (NOT P.O. BOX). Your primary duties will be to LIST DUTIES.

We look forward to your arrival. Please feel free to contact me if you have any further questions.

Sincerely,

SUPERVISOR/OWNER

NB: All offer letters should include the following details: physical location of work, position, number of hours to be worked per week, begin and end date of work, and duties.