



ACADEMIC TRAINING GUIDELINES & REQUEST FORM

Are you interested in furthering your ISEP experience in the United States by doing research or work in your field of study? Academic Training is an option! "Academic Training" is a term used by the U.S. Department of State for J-1 Visa students who wish to work or do research in the U.S. in their area of study as part of their academic program.

Note: Only ISEP as your visa sponsor can authorize Academic Training. Please note that Academic Training authorization cannot be granted by your ISEP Host Coordinator, International Office Advisor, *or anyone else at your host institution.*

Requests received by ISEP Central 2 weeks prior to the end date on the DS-2019 or 2 weeks prior to the start date of your employment, whichever is sooner, will incur a \$100 processing fee. Requests received between 1 and 2 weeks prior to the end date on the DS-2019 or 1 to 2 weeks prior to the start date of your employment, whichever is sooner, will incur a \$150 processing fee. Applications received within 1 week of the deadlines stated above will not be processed. Please check with your ISEP Host Coordinator to see if they have any earlier internal deadlines. Please note that incomplete applications will not be considered.

Academic Training Requirements:

- Academics:
 - Must relate to the academic field which you are studying at your host ISEP institution (the subject/field indicated in Section 4 of your DS-2019).
 - You must be in the United States primarily for study, and not for Academic Training, and you must be in good academic standing at your host institution.
- Finances:
 - Academic Training can be paid or unpaid.
 - If participating in Academic Training after your original ISEP program, the work must either be paid, or you must prove that you have sufficient funds to support yourself during the training program. ISEP considers sufficient funds to be at least U.S. \$800 per month.
- Time constraints:
 - Can be done part-time (up to 20 hours per week) during your ISEP exchange or full-time (up to 40 hours per week) after your original ISEP exchange period or during vacation periods.
 - Your Academic Training must begin within 30 days after the original end date of your ISEP program at your ISEP institution. Your end date is indicated in section #3 of your DS-2019.
 - If your exchange period is for one semester, you may participate in Academic Training for up to four months; if your exchange period is for one full year, you may participate in Academic Training for up to nine months.
 - If you earned a graduate degree from your U.S. institution while on ISEP, you are eligible for Academic Training for a period not to exceed the period of time on ISEP or 18 months, whichever is shorter.
- Maintaining J-1 visa status:
 - During your Academic Training, you must maintain legal J-1 status to remain in the United States, and apply for visa extensions when necessary.
 - You must remain enrolled in ISEP health insurance coverage for the duration of your Academic Training period. This means that there may be no gaps in your coverage between the completion of your academic program and the start of Academic Training. Coverage must be extended before the DS-2019 end date!

How to Apply:

In order to apply, you will need to submit the documents below. All documents should arrive at the ISEP Central office at least 2 weeks prior to the end date listed on the student's DS-2019 or 2 weeks before the start of employment, whichever is sooner. Forms and documents may be scanned and submitted via email. Incomplete applications will not be considered.

- Request for J-1 Academic Training Authorization Application.
- Offer letter from prospective employer that includes the following: (Sample Included)
 - Job position/title
 - Brief description of the goals and objectives of your Academic Training
 - Specific begin and end dates of the Academic Training
 - Number of hours per week you will be participating in the Academic Training
 - Address where you will be participating in the Academic Training
 - Name and address of your training supervisor
 - Salary you will receive for participating in the Academic Training (if applicable)
- Statement from Academic Advisor (form included in the application)
 - Form must be filled out in its entirety.
 - Form must include the same information as the employer letter.
- Proof of funding:
 - Bank Statements showing sufficient funds (copy is sufficient).
 - If you will receive a salary, the employer letter with this information is sufficient
- Student Payment and Health Insurance Enrollment Form
 - Payment of \$100 or \$150 Processing Fee (see note above)
 - Payment for health insurance should be included as well if you are requesting Academic Training post-exchange.

***Please note that we are no longer requiring a copy of the student's DS-2019, per new J-1 regulations prohibiting electronic transmission of PDF or other digital versions of the DS-2019.**



REQUEST FOR J-1 ACADEMIC TRAINING AUTHORIZATION

To Be Completed by the ISEP Participant

Name: _____ Date: _____ Home

Institution: _____

Host Institution: _____

Cell Phone: _____ Email: _____ Mailing

Address (during requested academic training period, if known):

_____ Home/Apt
Street Name City State Zip

Requested Academic Training Dates (*must match employer's offer letter dates*):

Begin Date (Month/Day/Year)	End Date (Month/Day/Year)	Total Number of Months

Previous Academic Training Dates (*for students who have participated in an Academic Training*):

Begin Date (Month/Day/Year)	End Date (Month/Day/Year)	Total Number of Months

I have submitted the following original documents to my ISEP Host Coordinator, who will review and submit them to ISEP for approval. I understand that I am not eligible to begin working at the Academic Training position until I have received official authorization from ISEP.

- o Academic Advisor Approval Form from my Host Institution Academic Advisor
- o Offer Letter from my Academic Training Employer
- o Payment authorizing extension of my ISEP health insurance to cover the entire Academic Training period and either the \$100 or \$150 processing fee (see guidelines)
- o Proof of \$800/month in order to support yourself during the training period (either received through Academic Training or by personal funds)

Student Signature: _____ **To be** Date: _____

completed by the ISEP Host Coordinator

I confirm that the student listed above is in good academic standing at this institution. Furthermore, I have discussed this student's request for Academic Training authorization and support this request.

The last day of the student's ISEP exchange on campus is _____ (for post-exchange Academic Training only).

Printed Name: _____

Signature: _____ Date: _____

Sample Employer's Letter for J-1 Academic Training

Company Letterhead

Company Name
Company Address 1
City, State Zip
Phone Number

Date

Title Student Name
Student Address 1
City, State Zip

Dear Student Name:

This is to confirm that Company Name, is offering you employment as Position from Begin Date to End Date, at a salary of Amount per month. This employment will serve as "academic training" following your one year (or semester) program in Name of Program at Host University.

The goals and objectives of your training with us will be Main Goals and Objectives. The location of your training program will be Location.

Your training supervisor will be Supervisor's Name, Title. Her/His address and telephone number.

You will be expected to work Amount of Hours each week.

On behalf of the company, we welcome you to Company Name.

Sincerely,

Name
Position Title

(Please sign in blue ink)

STATEMENT FROM ACADEMIC ADVISOR FOR ACADEMIC TRAINING

Note to the Academic Advisor from the International Student Exchange Program: All of the following information from the Academic Advisor is now required by the Bureau of Educational and Cultural Affairs of the U.S. State Department (the federal agency that oversees the J-1 Exchange Visitor Program), in order for us to grant academic training to a J-1 student. Thank you in advance for your time and cooperation in assisting this student to receive further training in his/her field of study.

To: Responsible Officer for ISEP J-1 Program
International Student Exchange Program
1655 N. Fort Myer Dr, Suite 400
Arlington, VA 22209

Mr./Ms. _____, a J-1 student at _____
specializing in _____
(name of student) (institution)

_____, wants to engage in the *Academic Training* program
discussed _____
(area of study)

below. This student is expected to complete his or her studies on _____.
(month/day/year)

1. Describe the training program.

Location: _____ Job Title/Description: _____

Dates: From _____ To _____ Hours per/week: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Supervisors Name and Contact Info: (Address/Phone #/Email)

2. State goals and objectives of the specific training program.

3. How does the training relate to the student's major field of study?

4. Why is the training an INTEGRAL or critical part of the academic program, for the exchange student?

As the student's U.S. Academic Advisor or Dean, I have set forth the nature and details of the *Academic Training* program. I approve the amount of time requested as necessary to complete the goals and objectives of the training. With this letter I recommend that you authorize this student to participate in the *Academic Training* program I have described.

STATEMENT FROM ACADEMIC ADVISOR FOR ACADEMIC TRAINING

Sincerely,

Signature of the Academic Advisor or Dean

Date

Name, Title and Department (please print or type)

Telephone Number



STUDENT HEALTH INSURANCE ENROLLMENT FORM

Please mail or fax your completed form (keep a copy for your own records) and payment to:

International Student Exchange Programs
1655 N Fort Myer Dr, Suite 400, Arlington, VA 22209, USA
Tel: (703) 504-9960 Fax: (703) 243-8070

Student Enrollment Information

Participant Information

Last name: _____ First name: _____
Country of residence: _____ Date of birth: ____/____/____
Sex: _____ Host institution: _____ Home institution: _____
Email (insurance enrollment confirmation will be sent to this email address): _____

Type of Coverage (please check one)

Coverage Type (Check One):

- ____ Participant only: \$ 86 per month
- ____ Participant and spouse*: \$346 per month
- ____ Participant and children*: \$246 per month
- ____ Participant, spouse, and children*: \$496 per month

**Please list the names and birth dates of your spouse and children on a separate sheet.*

Coverage Period

Beginning date of coverage month: _____ day: _____ (12:01am)
Ending date of coverage month: _____ day: same as above

TOTAL DUE: Total number of months: ____ x Premium \$ ____ = \$ ____

(Multiply the total number of months of coverage by the per month premium. Example: 10 months x \$86/month = \$860)

Signature of Participant _____ Date _____

Payment Information

☐ Check or money order in the amount of US\$ ____ payable to "ISEP" is enclosed. Any bank fees related to this transaction must be paid by you. If your bank forwards payment to ISEP, please attach proof of payment with the completed enrollment form. **Eurochecks or personal checks drawn on a non-US fund are NOT accepted.** Deposit items returned for insufficient funds will be charged \$30.

☐ **Credit Card** Card Type (select one): ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Total amount to be charged: US\$ _____

Card Number: ____ - ____ - ____ - ____

Expiration Date: ____ / ____
Month

____ Billing Zip Code: _____

Year Security Code (on back of ____
card): _____

Name as it appears on the credit card

Signature of Cardholder

Date