

### **What is Academic Training?**

- ✓ J-1 students who are in good academic standing may obtain authorization for work off-campus, as part of an academic training experience.
- ✓ After completing studies, J-1 students are eligible to work for up to 18 months if the job qualifies as "academic training." Students pursuing post-doctoral studies are eligible for an additional 18 months of training, for a total of 36 months. Non-degree students may be authorized for AT for a length of time not exceeding their academic enrollment length.
- ✓ Academic training must be integral to your program, recommended by your dean or academic advisor and authorized by the Responsible Officer/Alternate Responsible Officer of your Exchange Visitor program.

### **How do I apply for Academic Training?**

Please submit the following required documentation:

- ✓ Complete and submit: *J-1 Student Academic Training Recommendation Form*
- ✓ Submit an offer letter from your potential employer. This letter should be on official company letterhead and include; a general description of the training, the name of the training supervisor, the dates of the training, the number of hours of work per week, and the amount of compensation, if any, that you will receive for the training.
- ✓ Insurance Certification: Provide evidence that you will continue to maintain the minimum health insurance requirements as specified by the Department of State. Details regarding health insurance requirements are listed in the following document: *Important Regulations Affecting Exchange Visitor (J-1) Visa Holders in Student Status*.

### **Where do I submit my documentation?**

- ✓ Please drop off all documentation at the front desk of the International Student Resource Center.  
Hours: Monday – Friday, 8:00 AM – 5:00 PM
- ✓ Upon receipt of the documentation, the Responsible Officer/Alternate Responsible Officer shall review the documentation for compliance with requirements.
- ✓ The Responsible Officer/Alternate Responsible Officer will notify you of the decision by emailing your UCR webmail address.

### **IMPORTANT NOTES:**

***PLAN AHEAD! Post-completion academic training must be authorized before your current DS-2019 expires. Please note that you cannot begin work until the authorization is complete.***

**TO BE COMPLETED BY DEPARTMENT CHAIR OR ACADEMIC ADVISOR**

Mr./Ms., \_\_\_\_\_ majoring in \_\_\_\_\_  
wants to engage in an Academic/Postdoctoral Training program discussed below.

**DESCRIPTION OF THE TRAINING PROGRAM:**

Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address where training will take place: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

Period of training: from \_\_\_\_\_ to \_\_\_\_\_

Course Title/Section enrolled in (if currently enrolled student) \_\_\_\_\_

**GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM:**

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

\_\_\_\_\_  
\_\_\_\_\_

Why is the training an integral or critical part of the academic program of the exchange visitor student?

\_\_\_\_\_  
\_\_\_\_\_

As the student's Academic Advisor or Department Chair, I have set forth the nature and details 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 authorization be granted to this student to participate in the Academic Training program that I have described.

\_\_\_\_\_  
Signature of Department Chair/Academic Advisor

\_\_\_\_\_  
School/Department

\_\_\_\_\_  
Name of Department Chair/Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Extension