J-1 Academic Training Sheet

J-1 students may wish to engage in Academic Training (AT) during or soon after completion of their studies. AT is training related to the student’s degree program. Students are potentially eligible for one month of AT for each month that they are in their academic program, with a cap for AT set at 18 months. Students may be eligible to engage in AT while still enrolled (part-time during classes or full-time during the vacation periods) or may wish to wait until after they graduate. Full-time AT is employment of more than 20 hours per week. Part-time AT is employment less than 20 hours per week. The time spent using AT is not pro-rated for part-time employment. For example, a student who engages in four months of part-time AT will have the full four months deducted from their AT period.

 **Eligibility requirements**

* The student is primarily in the U.S. to study rather than engage in AT,
* The student is participating in AT that is directly related to their major field of study,
* The student must maintain health insurance for the principal and dependents for the entire duration of the DS-2019,
* The student is in good academic standing. At least a 2.5 GPA and have been enrolled at UNCP for at least one academic semester,
* The student receives written approval in advance from OGE for the duration of the AT,
* In order to accept salary or wage payment from U.S.-based source, it is necessary to obtain a Social Security Number.

**Academic Training position restrictions and requirements**

* Positions must be commensurate with the level of education and related to the field of study
* Training periods may not exceed the statutory limit (18 months) or the length of time the student was engaged in full-time coursework (if shorter).
* AT must be approved in SEVIS and post-completion AT must begin within 30 days of the student’s final semester of enrollment at UNCP.
* AT positions must not be permanent positions, clinical positions (or those with patient care or contact), tenure-track positions, clerical or unskilled positions, etc.,
* Students on AT must maintain adequate health insurance for themselves and dependent family members,
* Students on AT are required to inform OGE immediately if they change their address, change their name, change their employment status (lose their job), change their nonimmigrant visa status, complete their program and/or return to their home country,
* Any extension request, change in site of activity, or change of employer/position/salary request must be directed to OGE and approved in SEVIS before a change is made,
* Students on AT must complete an Evaluation Form and submit that to OGE prior to their AT end date.

**Academic Training Application Process**

J-1 students who wish to engage in AT must obtain authorization from OGE prior to engaging in the training. *AT must not begin on/off-campus until it has been* authorized in the SEVIS system and written authorization has been issued to the student. Authorization is restricted to a particular position, company, location, and time. In order for OGE to authorize AT the student must follow these steps:

**STEP 1: Obtain a Recommendation from the Academic Advisor**

Ask your Academic Advisor (if you are an undergraduate) to fill out the AT Recommendation Form.

**STEP 2: Obtain a job offer letter**

The employer’s offer letter must include:

 A brief description of the goals and objectives of the academic training,

 The job title,

 The start and end date,

 The work location (must be the physical address),

 The number of hours worked per week,

 Name, address, e-mail and phone number of the training supervisor.

**STEP 3: Submit your request to OGE**

You can email the signed form and job offer letter to OGE@uncp.edu or deliver it in person to OGE.

A complete application must be submitted at least 30 days prior to the desired start date of AT and prior to the end date of the DS-2019. **You must also attach proof of health insurance for yourself and your family, if applicable, the duration of the DS-2019.** OGE will update the student’s SEVIS record, issue a new Form DS-2019 and AT Authorization Letter to the student.

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**J-1 Academic Training (AT) Application Form**

**STUDENT SECTION:** *Completed by student.* **PRINT** your information below. This information will be used to update your SEVIS record and must be accurate. If we are not able to read your information your information cannot be updated in SEVIS. **Make sure to provide a copy of the employment letter.**

LAST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Date of Program Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AT State Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AT End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H/P/W:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC ADVISOR SECTION:** *Completed by Academic Advisor*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@uncp.edu Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please describe: The goals and objectives of the AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How this AT relates directly to the student’s field of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Why this training is an integral or critical part of the student’s academic program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature Date Date