J-1 STUDENT: ACADEMIC TRAINING

Academic training is flexible in its format and offers a variety of employment situations to supplement your academic program in the U.S. as a J-1 student. It is available before completion of your program of study as well as afterwards. J-1 students in non-degree programs are also eligible for academic training. Prior written authorization by an advisor in Immigration Services is required.

CONDITIONS

1. Your primary purpose in the U.S. must be study rather than academic training.
2. You must be in good academic standing.
3. The proposed employment must be directly related to your major field of study.
4. Throughout your academic training you must maintain permission to stay in the U.S., in J-1 student status, and apply for extensions as necessary.
5. You must maintain health insurance coverage for yourself and any J-2 dependents throughout your academic training.
6. Academic Training must be approved prior to graduation or the end date on your DS-2019, whichever is sooner.

LIMITATIONS

1. Your employment may be authorized for the length of time necessary to complete the goals and objectives of the training, provided that the amount of time is approved by both the academic advisor and Immigration Services. It may not exceed the period of full course of study or 18 months, whichever is shorter. If you receive a Ph.D., your "post-doctoral training" may last up to 36 months. Additional academic training beyond the 18-or 36-month limit is allowed only if it is required for the degree.
2. Part-time employment for academic training counts as full-time employment.
3. Earning more than one degree does not increase the amount of time for academic training.
AFTER COMPLETION OF YOUR PROGRAM OF STUDY

1. Academic training following completion of your program of study must involve paid employment, unless you can verify adequate financial support during the terms of academic training.

2. You must obtain a written offer of appropriate employment and present a copy to an Immigration Services prior to your program completion date (or before your DS-2019 end date, whichever is earlier) or you will lose eligibility for academic training after your completion of study. In any event, do not let your DS-2019 expire.

3. If you plan to leave the U.S. after you complete your program of study and reenter the country for J-1 academic training, you must obtain employment authorization before you leave.

APPLICATION PROCEDURE

1. Obtain a letter of offer from your prospective employer that includes your job title, a brief description of the goals and objectives of your proposed training program (your employment), the dates and location of the employment, the number of hours per week, and the name and address of your "training supervisor." Make sure that your employer's letter includes all of these details.

2. Give a copy of your employer's letter to your academic advisor for use in completing the attached "Academic Advisor’s Recommendation Form."

3. Make an appointment. Bring the letter of offer and recommendation from your academic advisor to Immigration Services to have the material reviewed.

4. Upon approval, the advisor will issue a letter of employment authorization. To authorize post-doctoral academic training, Immigration Services will issue a new Form DS-2019 (for no more than 18 months at a time) within five business days.
ACADEMIC ADVISOR’S RECOMMENDATION FORM
FOR J-1 STUDENT ACADEMIC TRAINING

Part A: (To be completed by the Academic Advisor):
Mr./Ms. ______________________________________, (WIN:_____________________) a Western Michigan University J-1 student majoring in _____________________________, requests to engage in the "Academic Training" program discussed below.

This student wishes to (pick only one):

☐ engage in academic training prior to completion of study

☐ engage in academic training after completion of study and is expected to complete the course of study on ____________________.

Job Title: _____________________________________________

Company Name: ________________________________________

Company Address and Site of Activity of student: _______________________________________

Dates of the training program: from __________ to __________ Hours per week ________

Supervisor Name_______________________ Supervisor Email_____________________

Please be as specific and detailed as possible for the following sections.

GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

HOW DOES THE TRAINING PROGRAM 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 dean, 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 you authorize this student to participate in the J-1 Academic Training program that I have described.

Signature of the academic advisor or dean

Date

Please print name and title

College or department

Part B: (To be completed by the student):

Student's name: ____________________________  WIN: __________________________

Major: ________________________________  Degree: __________________________

# of credits remaining to graduate: ________  Expected date of completion: __________

List all periods of previously authorized employment for Academic Training.


Current address: ____________________________

Phone: ________________________________

I have submitted the following with my application 1) Job Offer Letter with Job Description 2) Complete and accurate Academic Training Form 3) Proof of Finances 4) Proof of health insurance

I certify that I have always complied with U.S. immigration regulations governing J-1 (and J-2) status, including the health insurance requirements set by the U.S. Department of State. I also agree to submit a summary of my experiences of the Academic Training prior to the training end date.
Student Signature: ________________________________  Date: ____________________