



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 host ISEP Coordinator, International Office Advisor, *or anyone else at your host institution.*

Requests received by ISEP Global 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 \$150 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 \$200 processing fee. Applications received within 1 week of the deadlines stated above will not be processed. Please check with your host ISEP 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 host university. 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 4 months; if your exchange period is for a full academic year, you may participate in Academic Training for up to 9 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 must be emailed to your ISEP Student Services Officer 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. **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
 - Goals must relate to the student's learning. Goals cannot be the company or organization's goals.
 - 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
 - Address cannot be a P.O. Box. Must include a street and number.
 - 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.
 - Form must be completed by a professor or dean at student's host university. Form cannot be completed by the employer.
- 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.
- Academic Training Health Insurance Enrollment and Payment Form
 - Payment of \$150 or \$200 Processing Fee (see note above)
 - Payment for health insurance should be included as well if you are requesting Academic Training post-exchange.



Request for J-1 Academic Training Authorization

To Be Completed by the ISEP Participant

Name: _____ Today's Date: _____

Home Institution: _____

Host Institution: _____

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 host ISEP 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.

- Statement from Academic Advisor for Academic Training
- Offer Letter from my Academic Training Employer
- Payment authorizing extension of my ISEP health insurance to cover the entire Academic Training period and either the \$150 or \$200 processing fee (see guidelines)
- Proof of \$800/month in order to support yourself during the training period (either received through Academic Training or by personal funds)

Student Signature: _____ Today's Date: _____

To be completed by the host ISEP 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. Their 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 their 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

_____, a J-1 student at _____
(name of student) (host institution)

specializing in _____, wants to engage in the *Academic*
(SEVIS field of study)

Training program discussed below. This student is expected to complete their studies on _____
(mm/dd/yy)

1. Describe the training program.

Physical Location: _____
(Cannot be a P.O. Box. Must include street and number.)

Position Title: _____

Dates: From _____ To _____
(mm/dd/yy) (mm/dd/yy)

Hours per week: _____

Supervisor's Name: _____

Supervisor's Address: _____

Supervisor's Phone Number: _____

Supervisor's Email: _____

2. State goals and objectives of the specific training program. (Goals must relate to the student's learning.)

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.

Sincerely,

Signature of host university Academic Advisor or Dean

Date

Name, Title and Department (please print or type)

Phone Number



Academic Training Health Insurance Enrollment and Payment Form :
International Student Exchange Programs
1655 N Fort Myer Dr, Suite 400, Arlington, VA 22209, USA
Tel: (703) 504-9960 Fax: (703) 243-8070

Enrollment Information

Participant Information

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

Type of Coverage (please check one)

- Participant only: \$100 per month
- Participant and spouse*: \$330 per month
- Participant and children*: \$250 per month
- Participant, spouse, and children*: \$460 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: _____
Ending date of coverage month: _____ day: same as above

Insurance Fee: Total number of months: _____ x Premium \$ _____ = \$ _____

(Multiply the total number of months of coverage by the per month premium. Example: 10 months x \$100/month = \$1,000)

Academic Training Fee *(required for all applicants)* \$ 150

TOTAL AMOUNT DUE: \$ _____

By signing below, I give ISEP permission to bill me for the total amount due listed above on this form.
I agree to pay the total due from in the invoicing section of my ISEP Student Portal.
I also understand that my updated DS-2019 will not be sent until the total due is paid in full.

Signature of Participant

Date