ACADEMIC TRAINING APPLICATION FOR STUDENTS IN J-1 STATUS

This handout provides information to J-1 students wishing to apply for Academic Training, which is a work opportunity offered by the Department of State for certain types of study-related employment for students in J status. It describes the conditions that have to be met in order to qualify for Academic Training and how to apply.

Academic Training is flexible in its format and offers a variety of employment situations to supplement your academic program in the United States. It is available before completion of your program of study as well as afterwards. As long as you stay within the stipulated time limits, it allows you to work part-time while classes are in session and full-time during vacation periods; and, under certain circumstances, you may interrupt study to work full-time, for example while you are writing a thesis. J-1 students in degree or non-degree programs are eligible for Academic Training. For further information, consult with an ISSS international student advisor.

Your J-1 International Student Advisor
To qualify for Academic Training, you must first obtain approval in writing from the international student advisor at the University of Louisville. They must evaluate the proposed employment in terms of your program of study and your individual circumstances and eligibility, and decide whether it would be appropriate or not.

Conditions
Eligibility
1. Your primary purpose in the United States must be to study rather than Academic Training.
2. You must be in good academic standing at the University of Louisville.
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 United States, 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. While you are on Academic Training, you are still responsible for notifying your ISSS international student advisor with any change in address, telephone number, email address or any issues to do with your Academic Training within 10 calendar days of the change.

Limitations-General
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 dean or academic advisor and the international student advisor. It may not exceed “the period of full course study” or 18 months, whichever is shorter. If you receive a PhD, however, your”post-doctoral training” may last as long as 36 months (in two 18 months intervals). 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 against the total limit available the same as full-time employment.
3. Earning more than one degree does not increase your eligibility for Academic Training.
4. Academic Training may be paid or unpaid employment.

Applying for Academic Training during post completion of your degree or end of program of study
1. Academic Training with a start date after completion date of your program will be reduced by any prior periods of Academic Training.
2. You must obtain a written offer letter of appropriate employment from your future employer, recommendation from your academic advisor and obtain approval from the ISSS international student advisor prior to the end date listed on your DS2019.
3. Your employment start date of your Academic Training cannot be any later than 30 days after the end of your program.
4. If you plan to leave the United States after you complete your program of study and re-enter the country for J-1 Academic Training, you must obtain employment authorization before you leave and obtain your new DS2019 form. Be sure to obtain a travel signature on your new DS2019.
The application

1. Obtain a letter from your prospective employer on their letterhead, signed and dated that includes your job title, a brief description of the goals and objectives of your “training program” (your employment), the start and end dates and location of the employment and the number of hours per week that you will be working. The letter should have the name and address of your “training supervisor” as well as their telephone number and email address.

2. Give a copy of your employer’s letter to your UofL academic advisor or dean for use to complete your “Academic Training Academic Advisor Authorization Form.” This letter must set forth:
   A. The goals and objectives of the specific training program;
   B. A description of the training program, including its location, the name and address of the training supervisor, their telephone number and email address, number of work hours per week, and dates of the training;
   C. How the training relates to the student’s major field of study; and
   D. Why it is an integral or critical part of the academic program of the exchange visitor student”

3. When your academic advisor’s recommendation is ready, you should deliver or send it to your ISSS International Student Advisor, with a copy of the employer’s letter.

4. The International Student Advisor must evaluate the Academic Training program request and decide whether it is warranted and appropriate. If approved, they will authorize the Academic Training and issue you a new DS2019 Form with the extended dates (if this is for post-completion) and Academic Training listed on number five of the form as well as a copy of the “Evaluation of the International Student Advisor Form”.

Authorization to work

Social Security Number: To put you on the payroll, your employer will need your Social Security number, which you can obtain by applying for a Social Security card if you do not already have. Take your passport, I-94 information sheet, your DS2019 form, and your International Student Advisor’s written work authorization and letter of employment from your employer to the Social Security Administration. Your Social Security card may be stamped “Not Valid for Employment.” That stamp will not make you ineligible to work; it means only that no funds will ever go into the Social Security account represented by that number.

Form I-9, “Employment Eligibility Verification”: When you begin work, you and your employer must complete Form I-9, which requires you to document your identity and work authorization according to directions on the back of the Form. Of the various items acceptable as documentation, you may find that the most convenient combination is your passport, I-94 Departure Record card, and a copy of DS2019 form. Your employer, who keeps Form I-9, will make copies of the documents you submit, and return the original to you. Form I-9 must be updated any time that you receive a renewal of your permission for Academic Training.

Social Security and Other Taxes

Social Security taxes: In general, as a J-1 student you will be exempt from Social Security (F.I.C.A.) taxes for your first five years in the United States, as long as you continue to declare non-resident status for tax purposes (see Internal Revenue Publication 519, “U.S. Tax Guide for Aliens.”)

Federal, state and local taxes: Unless you qualify under a tax treaty between the United States and your home government, your earnings as a J-1 student will be subject to applicable federal, state and local taxes, and employers are required by law to withhold those taxes from your paychecks. By April 15th you must file a federal income tax return and a “Required Statement” covering the prior calendar year to determine whether you owe more taxes or have a refund coming.

A note of caution: As a J-1 student you are eligible for a variety of work opportunities in the United States, but employment without proper authorization is a serious violation of your status. Remember that before you start any kind of employment, you must first consult your International Student Advisor in the ISSS whose written approval is necessary in advance.
To the Academic Advisor: The international student who has presented this form to you has met preliminary eligibility to engage in Academic Training. However, in order to receive authorization, he or she will need to obtain your recommendation. Please complete the following information and return the form to the student so they may submit it to the ISSS along with the employer offer letter. If you have any questions, please contact one of the international advisors at 852-6604 or email to isss@louisville.edu.

Name of Student: ___________________________________________ Student Id #: ____________________________

The above student is currently on a J-1 visa majoring in __________________________ and wishes to engage in the Academic Training Program discussed below.

1. DESCRIPTION OF THE TRAINING PROGRAM
   Name of Student’s Supervisor:
   Family Name: ___________________________ First Name: ___________________________
   Supervisor Telephone number: (______) _______ - ________ ext. ___________________________
   Supervisor Email Address: __________________________________________________________

   Site of Academic Training Name: __________________________________________________________
   Site of Academic Training Address: __________________________________________________________
   City: ___________________________ State __________________________ Zip Code: ______

   Student’s Job Title: ______________________________________________________________________
   Number of Work Hours per Week: __________________________
   Dates of Training: Begin Date: ___________________________ End Date: ___________________________

2. GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM
   ______________________________________________________________________________________
   ______________________________________________________________________________________

3. HOW DOES THE TRAINING PROGRAM RELATE TO THE STUDENT’S MAJOR FIELD OF STUDY?
   ______________________________________________________________________________________
   ______________________________________________________________________________________

4. WHY IS THE TRAINING AN INTEGRAL PART OR CRITICAL PART OF THE ACADEMIC PROGRAM OF THE EXCHANGE VISITOR STUDENT?
   ______________________________________________________________________________________
   ______________________________________________________________________________________

As the student’s academic advisor, 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 the student to participate in the Academic Training Program that I have described above.

Signature of Academic Advisor or Dean ___________________________ Date ___________________________

Print Name ___________________________ Phone ___________________________

Email Address: ___________________________
Name of J1 Student: __________________ Date: __________________

The above named student is currently on a J-1 visa majoring in __________________ and is approved to engage in the Academic Training Program.

Time period approved for Academic Training: From_____/_____/_____ to _____/_____/_____ 
Total number of months: __________________

1. Student approved for Academic Training based on the following educational level: 
   _____ Student Non-Degree  _____ Bachelor  _____ Master  _____ Doctoral

2. All academic training is counted as full time, even if employment is on a part-time basis. 
   Student approved for 
   _____ Part-time Academic Training (1-20 per week) 
   _____ Full-time Academic Training (21 or more hours per week)

3. Student approved for 
   _____ Pre-Completion Academic Training 
   _____ Post-Completion Academic Training

4. I have reviewed the employment letter from____________________________________ and the academic advisor’s recommend form and have determined that the Academic Training being requested 
   _____ is warranted 
   _____ is not warranted

5. The criteria and time limitations set forth in 22 CFR 514.23(f)(3) and (4) 
   _____ are satisfied 
   _____ are not satisfied

6. In order to ensure the quality of the Academic Training Program, I hereby evaluate the effectiveness and appropriateness of the Academic Training in achieving the stated goals and objectives as follows:
   _____ Satisfactory 
   _____ Unsatisfactory

_________________________________________  ______________________________________
Signature of International Student Advisor  Date

_________________________________________  ________________________________
Print Name  Email Address

_________________________________________
Phone

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