

ACADEMIC TRAINING APPLICATION & PROCEDURES FOR J-1 STUDENTS

Name: _____
(Family Name) (Given Name)

Student ID#: _____ Social Security #: _____

Email: _____ Phone#: _____

Academic Level: _____ Major: _____

Are you a degree or non-degree seeking student at UGA?

Degree Seeking _____ Non-Degree seeking _____

___ Complete the attached academic training request form with your major professor

___ Attach the offer letter from the potential employer

The offer letter must be original on business letterhead and include proposed job title, name of supervisor, location of the employment, proposed start and end dates of employment, and salary. ******(If the work you will be doing is unpaid then financial documents showing that you or your sponsor can cover the cost of living expenses for the period of the extension for Academic Training will also need to be included in the application.)

___ **Submit documents (including this cover letter) 2 weeks before AT is proposed to begin.**

ATTN: J1 STUDENT ADVISOR, University of Georgia, Office of International Education, 110 E. Clayton St. Suite 400 Bank of America Building, Athens, GA 30602. Please call (706) 425-3154 if you have any questions.

Academic Training (AT) provides and opportunity for J-1 visa holders to gain experience in their field of study.

- While studying fulltime if it can be documented that the AT is an integral part of the program
- During Summer or Winter vacation periods
- After completion of the academic program

Make sure you are in status before applying for academic training, which means:

- } No working off-campus without approval
- } Your DS-2019 has not expired
- } You have been enrolled each fall and spring semester full-time
 - o Undergraduate: 12 credits or more completed each term
 - o Graduate: 9 credits or more completed each term unless in thesis or dissertation phase
 - o Have received approval from the J-1 student advisor to be enrolled less than full-time in a particular semester

Non-Degree seeking students:

- AT may be authorized for up to 3 months after the completion of the J-1 program (i.e. Summer vacation)

Degree Seeking Students:

- Academic Training cannot be authorized for a period longer than the total period of study
- The maximum period is 18 months (unless your period of study was less than 18 months)
- Ph.D. students who are offered an established Post-Doctoral position may be authorized for 18 months AT and can request a second 18 month period for a total of 36 months of post-doctoral training.

 **Remember, while on Academic Training, you are still a UGA sponsored Exchange Visitor and are still required to update OASIS with any address changes.**

J-1 Exchange Visitor Academic Training Request

Academic Professor/Advisor: Please complete this form to assist the J-1 student who is requesting academic training. Attach a separate sheet, if necessary.

_____, a University of Georgia student obtaining a degree in _____, wishes
(Full name of student) (Field of study)
to engage in the "Academic Training" program detailed below. (Please attach sheet for additional comments if necessary)

1. DESCRIPTION OF THE TRAINING PROGRAM

Location: _____ Job Title: _____

Name and address of the training supervisor: _____

Number of hours per week _____ Specific dates of training: from _____ to _____

Monthly or Annual salary offered to the J-1 _____ (the salary information will be listed on the DS-2019 issued for Academic Training)

2. GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM

3. HOW DOES THE TRAINING RELATE TO THE STUDENT'S MAJOR FIELD OF STUDY?

4. PLEASE EXPLAIN HOW THE TRAINING IS AN INTEGRAL OR CRITICAL PART OF THE ACADEMIC PROGRAM OF THE EXCHANGE VISITOR?

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 "Academic Training" program detailed above.

Name and title of the Academic Advisor or Dean

Department

Signature of the Academic Advisor or Dean

Date

EVALUATION BY RESPONSIBLE OFFICER

1. I have reviewed this letter and determined that the Academic Training being requested ___ is ___ is not warranted.
2. The criteria and time limitations set forth in 22 CFR 514.23(f)(3) and (4) ___ are ___ are not satisfied.
3. The effectiveness and suitability of the Academic Training in achieving the goals & objectives ___ Satisfactory ___ Unsatisfactory.

Name/title of Responsible Officer or Alternate Responsible Officer

Date