



J-1 Academic Training (AT) Recommendation Form

Office of International Students & Scholars
Revised 07/06/2017

J-1 Academic Training

Academic Training (AT) is a type of off-campus work authorization in a student's field of study available to J exchange visitor students. Please note that Rice may only authorize AT for students sponsored by Rice. Students sponsored by other institutions (Fulbright, LASPAU, etc) must seek authorization directly from that sponsor. For more details regarding AT, please visit <http://oiss.rice.edu/AT>

To request Academic Training, you must submit to OISS the following:

- 1) This form completed and signed by you and your Academic Advisor (original signature required).
- 2) Your employment offer letter (*that includes all items indicated in Employer Section III*)
- 3) Statement indicating plan for funding (if post-completion). *Recommended guidelines include planning for at least \$2000/month.*
- 4) Proof of health insurance (if post-completion) meeting all J Exchange Visitor requirements

Deadline: Please submit the completed list of documents to OISS **no later** than **two weeks** before the expiration of the DS-2019 **or** the date the training is to begin (*whichever is earlier*). **Please allow at least one week for processing.**

New DS-2019: Upon approval, a new DS-2019 will be prepared to indicate the work authorization that may be presented to the employer for the purpose of I-9s and may also be used to apply for a Social Security Number (SSN).

SECTION 1: STUDENT INFORMATION			
Completed by student, all fields required.			
Family Name:		Given Name:	
Email:		Telephone:	
Current U.S. Address:			
SEVIS ID Number: N	Student ID Number: S0	Previous Academic Training used at <u>current</u> education level (total number of months):	
Start Date of Initial DS-2019:	DS-2019 End Date:	* Program Completion Date:	
For which type of Academic Training are you applying? <input type="checkbox"/> Pre-completion (You will not have completed your program before your AT start date) <input type="checkbox"/> Post-completion (You will have completed your program by your AT start date)			
SECTION 2: STUDENT CERTIFICATION			
Please read and initial to confirm understanding, and sign that you have read and understood the regulations and requirements for Academic Training for J-1 students per 22 CFR 62.23(f) . For additional information, please visit http://oiss.rice.edu/AT			
Purpose of Academic Training (AT) ___ 1) I understand the primary purpose of AT is to permit a student to participate in an academic training program during his/her studies, with or without wages/remuneration, with the approval of the academic dean/advisor and the responsible officer (OISS).			
Requirements for Academic Training ___ 2) I understand that I must obtain authorization before beginning any period of Academic Training. ___ 3) I understand that to be authorized for a period of academic training, I must meet the following criteria : a) The primary purpose of my program is related to study; engaging in academic training is supplemental to my program b) The training must be directly related to my major field of study c) I must be currently enrolled as a full-time student in good academic standing d) I must receive written approval by OISS before beginning any period of academic training ___ 4) I understand that I may only work during the period authorized as Academic Training indicated on my DS-2019. ___ 5) I understand that I must notify OISS prior to any change to the terms, goals, objectives, dates of any authorized period of academic training, as updates may be necessary to remain compliant. ___ 6) I understand that I must complete a self-evaluation during the final month of my Academic Training (http://oiss.rice.edu/AT). ___ 7) I understand that I must continue to maintain health insurance that meets the U.S. Department of State requirements for myself and my J-2 dependents for the duration of my program, including any period of post-completion academic training. Failure to maintain health insurance would be a violation of my J-1 status and would result in the termination of my J Exchange Visitor program. ___ 8) <i>Postdoctoral Academic Training (AT that occurs after completing a PhD):</i> I understand that I may or may not be eligible for an extension and must consult with an OISS J advisor regarding eligibility.			
Signature of Student:		Date:	

SECTION 3: EMPLOYMENT INFORMATION

Offer letter that includes all the information below may be used in lieu of this form. Completed by employer.

Name of Employer (Company Name) :		Student's Job Title:	
Supervisor's First and Last Name:		Supervisor Title:	
Supervisor's Phone:		Supervisor's Email:	
Employer (Company) Address:			
City:		State:	Zip Code:
*Hours Per Week:	*Begin date:	End Date:	Total Compensation:
Supervisor/Employer Signature (<i>required <u>only</u> if no offer letter provided</i>):			

*Post-completion Academic Training must begin within 30 days of your program completion date and must be a minimum of 20 hours per week.

SECTION 4: ACADEMIC ADVISOR RECOMMENDATION

This section is to be completed by the academic/major/program advisor. Per 22CFR 62.23 (f)(5), the student's academic advisor must submit a recommendation for academic training that includes the goals/objectives of the training indicated in the employment information above, as well as how the program is related to the student's major field of study and why it is an integral or critical part of the academic program. The information provided below will be taken into consideration for the authorization process and the evaluation process required of any authorized academic training.

Please describe the goals/objectives of the specific training program for this student:

How does the training relate to the student's major field of study at Rice University?:

Why is the training an integral or critical part of the student's academic program at Rice University?:

I confirm the student is currently in good academic standing and I recommend the above named employment to be authorized as academic training. I also confirm that this academic training will not delay his/her progress or completion of his/her J academic program.

Advisor's Name	Title	Signature:
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For OISS use only

- J insurance verified (J-1 and J-2)
- Funding, extension, major(s) verified
- Processed in SEVIS
- Confirm evaluations received for prior ATs

Name: _____ Date: _____