

Academic Training Request Form for J-1 Students

This form is to be used for continuing CSUEB sponsored J-1 Students (item #2 of your DS-2019 must indicate CSUEB) to request Academic Training. You must meet with an International Student Advisor to submit this form.

See eligibility criteria and length of available AT here: <https://www.csueastbay.edu/cie/j-1-students-and-scholars/j-1-students/academic-training-for-j-1-degree-seeking-students.html>

- Submit your application for AT to CIE at least 2 weeks before either the completion of your academic program or expiration of your DS-2019, whichever one is first.
- You may not begin employment until your academic training letter has been issued. AT cannot be backdated.
- Academic training authorization may not exceed “the period of full course of study” or 18 months, whichever is shorter.
- If you wish to extend your academic training or change employers in the future, you will follow the same procedure; make request in a timely manner
- You should begin engagement of your academic training activity within 30 days of completion of your academic program

Student Information

Family/Last Name: _____ First Name: _____

NETID: _____ SEVIS Number: **N** _____

Telephone Number: _____ Email Address: _____

Local U.S. Address: _____

Enrolled at CSU East Bay from: _____ to _____

Previous periods of Academic Training: _____ to _____ Employer: _____

_____ to _____ Employer: _____

Academic Training Request

The information must be written exactly as it appears on your offer letter from your employer.

Offer Letter- must be on letterhead stating job title, responsibilities, period of employment, number of hours to be worked a week, and salary and benefits information.

Requesting: Pre- Completion AT or Post Completion AT

Academic Training Dates: _____ to _____

Employer Name _____

Employer Address: _____

Job Title: _____ Number of Hours Per week _____

Salary/Income for entire AT period: \$ _____

Supervisor Name: _____ Supervisor Contact Info: _____

Goals and Objectives of AT

Academic Advisor Recommendation

Academic Advisor's Approval of Request for Academic Training

J-1 Academic Training (AT) is training related to a student's field of study and requires goals and objectives. The goals and objectives of the employment described above are directly related to the applicant's courses of study at CSU East Bay. I approve the applicant's request for Academic Training.

Advisor's Name: _____ Department: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

Health Insurance Agreement

During my AT period I will be covered by health insurance that fully meets the J-1 requirements for myself and any J-2 dependents with me in the U.S. for the full length of my stay in the U.S. I understand that failure to do so is a violation of J Exchange Visitor status and would lead to termination of my Exchange Visitor program and my right to stay in the U.S. I confirm that my insurance and that of any J-2 dependents meet the J student insurance requirements found at <https://www.csueastbay.edu/cie/j-1-students-and-scholars/j-1-students/health-insurance.html>

Signature of Student: _____ Date: _____

Name of J-1 Insurance Provider for full AT period: _____

AT Employer Changes and Personal Contact Information

I will immediately report any change in my AT employment to the Center for International Education. Change to a new employer will require a new AT form. I understand that employment not matching the exact authorized AT employer, location, duration, hours per week is a serious violation of J-1 status. I will update the Center for International Education with any new US address/contact information within 10 days of the change.

Post Completion Academic Training Financial Documents

You will be required to show proof of funding for your academic training period. For unpaid positions, you can show a bank statement covering the living expenses. Salary information from a paid job may be used as proof of funding.

Statement of Understanding

- I certify I have read the request form instructions and website information in full.
- I certify the information I have provided is, to the best of my knowledge, accurate.
- I understand I (and any J-2 dependents) must have CSUEB approved health insurance for the duration of my J-1 status.
- I understand I must report any address changes, current (U.S.) or permanent (out of U.S.), through MyCSUEB within 10 days of the change.
- I understand that post completion Academic Training must begin within 30 days of my program completion date and be a minimum of 20 hours per week.

Signature: _____ Today's Date: _____