

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.

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

Requesting: Pre-Completion AT or Post Completion AT Academic Training Dates: _____ to _____

Employer Name and Address: _____

Job Title: _____ Number of Hours Per week _____

Supervisor Name: _____ Supervisor Contact Info: _____

Employment Offer Letter- must be on letterhead stating job title, responsibilities, period of employment, number of hours to be worked a week, and whether the job is paid or unpaid.

Important Notes

- You may not begin employment until you academic training letter has been issued.
- 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

Academic Advisor Recommendation

Academic Advisor's Approval of Request for Academic Training

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 Information

In order to maintain J visa status, you and your dependents are required to be covered by appropriate health insurance that includes repatriation and evacuation. The health insurance must meet the requirements as set for the United States Department of State in 22CFR 514.14. Academic Training will only be authorized for the extent of time you are covered by your health insurance. Please include evidence of coverage with this form

U.S. Department of State Health Insurance Requirements for J Exchange Visitors effective 05/15/2015:

1. Medical benefits of at least \$100,000.00 US dollars per accident or illness;
2. Co-Payment must not exceed 25% of each bill;
3. Repatriation of remains in the amount of \$25,000.00 US dollars;
4. Expenses associated with the medical evacuation of the student to his or her home country in the amount of \$50,000.00 US dollars;
5. The deductible must not exceed \$500.00 US dollars per accident or illness;
6. Additional US Health Insurance Regulations: In addition to the regulations governing J Exchange Visitors, another US law requires health insurance coverage. Under the "Affordable Care Act [22 CFR 62.14 (a)]
7. The policy must be underwritten by an insurance company:
 - Having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-i" or above, a Standard & Poor's Claims-paying Ability rating of "A-" or above, a Weiss Research, Inc. rating of B+ or above; or
 - Backed by the full faith and credit of the home country government; or
 - Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
 - Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

Name of Health Insurance: _____

Health Insurance Enrollment Date: _____ to _____

Does the health insurance include repatriation and evacuation? Yes _____ No _____

If your health insurance does not include repatriation and evacuation, do you have additional repatriation and evacuation coverage? Yes _____ No _____ Expiration Date _____

Names of J-2 dependents: _____

Do J-2 dependents have health insurance coverage, including repatriation and evacuation? Yes _____ No _____

Is your health insurance coverage from your employer? Yes _____ No _____ If yes, please provide an explanation of health insurance benefits from the health insurance company.

Statement of Understanding

- I certify I have read the request form instructions and 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.

Signature: _____ Today's Date: ____/____/____