

J-1 ACADEMIC TRAINING

Academic Training (AT) is work authorization for J-1 student employment in the student's field of study. It is granted by the J-1 student's Program Sponsor (the institution which issues the DS-2019 visa document).

- Available before or after completion of studies.
- Allows for a total of 18 months of employment (or the length of the study program, whichever is shorter).
- Postdoctoral researchers may extend their authorization for an additional 18 months (total 36 months).

Application Instructions:

1. Obtain a job offer letter from the employer with the following information:
 - 1) name/address of employer
 - 2) brief job description
 - 3) name of the supervisor
 - 4) dates of employment

This must be done **before** the completion of the academic program. "Completion of program" =

- a. *Undergraduates*: last day of the semester completing degree requirements.
 - b. *Graduates*: day degree requirements are fulfilled – i.e. completion of final coursework, passing final exams, or filing of thesis or dissertation.
 - c. *JEEP*: last day of the semester completing the exchange program.
 - d. NOTE: the completion date may or may not be the same as the end date on your DS-2019. Students who are near their completion date and do not have firm job offers should consult ISSS to discuss their status and options.
2. Complete the attached sheet. Your academic advisor must complete and sign the bottom section.
 3. Make an appointment with an ISSS advisor **before** your completion date to submit the Departmental Recommendation. A letter of work authorization will be issued during the appointment.

Changing jobs:

Students may change jobs during the approved period of AT. However, students must notify ISSS so a new ISSS work authorization can be issued before starting the new job. If the new job is substantially different from the first job, the ISSS advisor may request an additional letter from your academic advisor. The student should be prepared to submit a letter of job offer from the new employer.

Health Insurance. Students on AT must continue to maintain health insurance that meets the U.S. Department of State requirements for J-1 students and their dependents who are in the U.S. **Required coverage for students and dependents** is as follows:

- \$50,000 per accident or illness
- Deductible of no more than \$500
- Medical evacuation up to \$10,000**
- Repatriation up to \$7500**
- Covers pre-existing conditions after a reasonable waiting period
- Includes provision for co-payment that does not exceed 25% co-pay by the Exchange Visitor
- Does not exclude benefits for perils inherent to the activities of the Exchange Visitor's program
- Must be underwritten by an insurance company that meets the rating requirements of the U.S. Department of State or is backed by the full faith and credit of the Exchange Visitor's government.

****MEDICAL EVACUATION/REPATRIATION INSURANCE:** Many health plans do not include this required coverage. Please contact the ISSS office (415-422-2654) for information about low cost plan options for this coverage. It is **YOUR RESPONSIBILITY** to renew this coverage each year of your stay.

J-1 Academic Training--Departmental Recommendation

Student's Name _____ SID# _____

Major _____ JEEP Bachelor's Master's Doctorate

Degree Completion Date: _____

Read the health insurance information on the first page.

HEALTH INSURANCE AGREEMENT: I agree to be covered by health insurance that fully meets the J-1 requirements for myself and any 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-1 status and would lead to termination of my Exchange Visitor program and my right to stay in the U.S.

Signature _____ Date _____

Employer's Information

Name of Employer _____

Supervisor's Name _____ Phone _____

Employer's Address _____

(street)

(city) (state) (zip)

Student's Job Title _____

Dates of Employment _____ to _____

Part-time (20 hrs/wk or less)

Full-time (more than 20 hrs/wk)

Departmental Recommendation

Please describe the main objectives of this Academic Training and how this training is an integral part of the student's academic program:

Academic Advisor's Name (please print)

Signature

Date