



THE UNIVERSITY OF ALABAMA
CAPSTONE INTERNATIONAL SERVICES
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J-1 Academic Training (AT) Application

ACADEMIC TRAINING (AT) EMPLOYMENT AUTHORIZATION FOR J-1 STUDENTS

ACADEMIC TRAINING (AT) OVERVIEW

Academic Training (AT) is a form of practical training that can be authorized only for a J-1 student visa holder.

Please note that for sponsored students (e.g. Fulbright, UGRAD, Muskie, etc.), Academic Training can be authorized only by your J-1 visa Program Sponsor in the form of a letter. You should contact your program sponsor for more information about the limitations of your eligibility.

The information that follows is a general description of the conditions of Academic Training.

General guidelines regarding Academic Training:

1. The training must be related to your program of study.
2. You must be in good academic standing.
3. You must maintain health insurance coverage for yourself and any dependents staying with you in the US.
4. Your academic advisor must approve the training.
5. Academic Training can be authorized for up to 18-months total, or for an amount time equal to the time spent in the full course of study (e.g. 9 months of study as a J-1 student allows 9 months of Academic Training), whichever is shorter.
6. Academic Training that is authorized during the course of studies will only be authorized on a semester-by-semester basis.
7. Doctoral students can receive up to 36 months of Academic Training authorization, under certain conditions. A maximum of 18 months may be used prior to graduation, and an additional 18 months are available after completion of doctoral studies.
8. Part-time AT counts against the 18 or 36 month period the same as full-time AT.
9. Earning more than one degree does not increase your eligibility for additional periods of Academic Training.
10. AT may be taken either during or after completion of the program of study. If AT is to be utilized after the completion of the program of study, you must present a copy of this offer to the Center no later than 30 days after the end of your program. After the 30 day period you will lose eligibility for this training.

NOTE OF CAUTION – DO NOT WORK WITHOUT PERMISSION

Working, for pay or not, without proper authorization or not following the guidelines of the CPT authorization is a serious violation of a student's nonimmigrant status. Therefore, a student should consult with CIS before taking any sort of employment or off-campus training. It is the student's responsibility as a J-1 student to comply with all immigration regulations which apply to the terms and conditions of the J-1 status. Upon failing to comply with USCIS & DOS rules for the J-1 status, a student is no longer eligible for the benefits normally granted to J-1 students, including on- or off-campus employment authorization.

AUTHORIZATION PROCEDURES

Advisors in the office of Capstone International Services are authorized by federal regulations to grant the actual written work permission on page one of the DS-2019, but this authorization will also be outlined in a supplementary AT authorization letter issued by a CIS advisor. Thus, if a student is eligible for work authorization and submits all the required documentation to a CIS advisor, the student may receive written work authorization within a matter of days.

ACADEMIC TRAINING APPLICATION PROCEDURES

Documents Required for Application

Student must obtain written authorization for Academic Training from CIS **prior** to beginning employment..

1. **J-1 Academic Training (AT) Application (pages 3 & 4 of this packet)**, completed by the student.
2. **Academic Department's Recommendation** from student's academic adviser, dean, department chair, or the professor who will be supervising the training experience (**found on page 5 of this packet**).
3. **Job-offer letter (sample on page 6)** on official letterhead/stationery from the prospective employer. This letter must come from the agency that will be issuing the student's paycheck and must include **all** of the following information:
 - a. **Location.** Complete address of all locations where employment/training will take place. Do not submit Post Office Box only; a physical address of locations of employment/training is required.
 - b. **Position.** Position/title that will be held by the student.
 - c. **Part/Full-Time.** Letter should indicate whether the position is part-time or full-time. Part-time: 20 hours/less per week. Full-time: more than 20 hours per week.
 - d. **Duties.** Brief description of student's expected duties and responsibilities.
 - e. **Period of Employment/Training.** Both beginning and ending dates are required. Employer may specify that the ending date is for the purpose of AT authorization only. Authorization for Academic Training which is to take place during the course of a student's program of study is issued for only one academic term at-a-time.
 - ***Academic term.** Authorization dates may not overlap actual term dates. Authorization may end as late as the day before class begins for the following term. For example, if CIS is authorizing AT participation for the fall semester, and spring classes begin January 5, authorization for a fall semester internship may be authorized to end as late as January 4.
4. **Recent unofficial Transcript of Grades** (issued to student) may be obtained through student's My Bama account or from the office of Academic Records, 206 Student Services Building. A fee for this service will be charged by the Records office.
5. Proof of health insurance which meets the State Department's Minimum requirements (for yourself and all J-2 dependents).
6. Copies of the following documents:
 - Current and previous DS-2019s,
 - passport,
 - most recent visa stamp, and
 - I-94 card



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J-1 Academic Training (AT) Application

BIOGRAPHIC INFORMATION

Full Name (as in passport): _____
 Family/ Last Name (Surname) Given Name (First) Middle Name (if any)

Date of Birth (month/ day/ year): _____ Gender : male female
 (mmm/dd/yyyy - i.e. March 27, 1975)

UA Campus-Wide ID (CWID) Number: _____ SEVIS DS-2019# **N000** _____

CONTACT INFORMATION

Current Mailing Address: _____

Phone Number: _____ E-Mail Address: _____

ACADEMIC PROGRAM (MAJOR AND EXPECTED GRADUATION DATE)

Degree Level: Bachelor's Master's Doctoral
 ► Academic Major(s): _____

Expected Graduation Date: _____
 (mmm/dd/yyyy - i.e. Dec. 15, 2013)

PRACTICAL TRAINING DATA

Type of Academic Training You Are Seeking: <input type="checkbox"/> Initial AT <input type="checkbox"/> AT Extension		Weekly Duration of Requested Training <input type="checkbox"/> Part-Time (20 Hours/Wk or less) <input type="checkbox"/> Full-Time (More than 20 Hours/Wk)	
Requested Work Start-Date:		Requested Work End-Date	Are you working on-campus now? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Hours/Wk
Have you participated in AT before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate periods of previous AT participation:	1. <input type="checkbox"/> Full-time / <input type="checkbox"/> Part-time from _____ to _____ 2. <input type="checkbox"/> Full-time / <input type="checkbox"/> Part-time from _____ to _____ 3. <input type="checkbox"/> Full-time / <input type="checkbox"/> Part-time from _____ to _____

PROSPECTIVE EMPLOYER DATA

Employer Name & Address:			
Supervisor's Name:		Supervisor's Phone:	
Supervisor's Email:		Your Job Title:	

DOCUMENT AND REQUIREMENT CHECKLIST

REQUIREMENTS ATT DOCUMENTS <input type="checkbox"/> Academic Adviser's recommendation <input type="checkbox"/> Copies of DS-2019s, passport, visa, and I-94 <input type="checkbox"/> Unofficial Transcripts <input type="checkbox"/> Job Offer Letter	CAPSTONE INTERNATIONAL SERVICES NOTES FOR CIS USE ONLY		
	<input type="checkbox"/> Maintained full-time enrollment <input type="checkbox"/> Signed Student Responsibility Checklist		
	Advisor's Initials _____	Date Received _____	Date Completed _____

STUDENT RESPONSIBILITY AGREEMENT

While on Academic Training you must continue to abide by the rules and regulations governing your visa status. Please carefully read the statements below and place a check mark in the box next to each statement that applies to the type of practical training application that you are applying for. Sign at the bottom of the page. Your check marks and signature indicate your understanding and agreement to abide by the statements made.

ACADEMIC TRAINING RESPONSIBILITY CHECKLIST

- I understand that I am eligible to work **only during the dates authorized by Capstone International Services** as indicated on page 1, Section of my DS-2019 form and must show my original DS-2019 authorized for AT to my employer before beginning employment.
- I understand that I am eligible to work **only for the employer** indicated on page 1 of my DS-2019 form.
- I understand that if I wish to extend my academic training, **I must submit the following to CIS, prior to the expiration of the current AT employment authorization period indicated on my DS-2019 form:**
- (1) a new Academic Training Application,
 - (2) an updated letter of employment,
 - (3) an updated recommendation letter from my Academic Adviser, and
 - (4) proof of my continued health insurance coverage that meets Department of State minimum requirements.
- If I do not do so, I must stop working on the date indicated on my DS-2019 form (page 1). Failure to do so may result in illegal employment in the US.
- I understand that participation in Academic Training is not a valid reason for delaying graduation and that extension of my DS-2019 and J-1 status may not be possible if my participation in AT causes a delay in my studies.
- I understand that my passport must be valid at the time of academic training authorization and it is my responsibility to maintain passport validity throughout the duration of my program.
- I understand that I am required by current immigration regulations to report the following to Capstone International Services within 10 days of any change of: legal name; residential or mailing address; employer name; employer address; and/or loss of employment.

I certify that the above information is correct and complete, and that I shall notify CIS of any change in my personal information.

Signature: _____ Date: _____



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Academic Adviser's Recommendation for J-1 AT Participation

TO BE COMPLETED BY ACADEMIC ADVISER/CHAIR

Name of Student: _____

CWID Number: _____ Level of Study: _____

Major Field(s) of Study: _____

UA Academic Department: _____

Adviser/Chair's Name: _____

Adviser/Chair's Title: _____

Adviser/Chair's Phone Number: _____ Email: _____

INSTRUCTIONS TO ACADEMIC ADVISER: Please complete the following approval and sign at the bottom.

This is to confirm that the above named student is a full-time student in the Department of _____
expecting to complete a Bachelor's; Master's; Doctoral degree by _____.

The above named student wishes to engage in a/an:

- internship,
- practicum,
- field experience,
- professional practice,
- work related to dissertation/thesis/project research.

Please list the goals and objectives for the training program: _____

How is the training related to the student's major field of study, and why is it integral to the program?

Below are the details about the training:

Student's Title/Position: _____

Employer's name: _____

Employer's exact street address: _____

Exact beginning date of experience: _____

Exact end date of experience: _____

Number of hours/week student will work: _____

I have discussed the student's plan to participate in this training and believe it to be a useful and integral academic experience. I recommend that the student participate in this experience.

Adviser/Chair's Signature: _____ Date: _____

TEMPLATE FOR JOB-OFFER LETTER

[PLEASE PRINT ON COMPANY LETTERHEAD]

INTERNATIONAL STUDENT'S NAME
INTERNATIONAL STUDENT'S ADDRESS

DATE

Dear INTERNATIONAL STUDENT'S NAME:

I am pleased to invite you to participate in an internship (or offer you a staff position) with the COMPANY NAME.

Under the terms of our agreement, you will be required to work from START DATE (e.g. SEPTEMBER 1, 2012) until END DATE (e.g. DECEMBER 31, 2012). Your position will require you to work a minimum of NUMBER OF HOURS per week at a rate of pay of \$X PER HOUR (OR WILL BE UNPAID).

During your time with us, your supervisor will be SUPERVISOR'S NAME AND TITLE.

Your position with COMPANY NAME will be POSITION TITLE. You will work at our location at PHYSICAL STREET ADDRESS (NOT P.O. BOX). Your primary duties will be to LIST DUTIES.

We look forward to your arrival. Please feel free to contact me if you have any further questions.

Sincerely,

SUPERVISOR/OWNER

NOTE: All offer letters should include the following details: physical location of work, position, number of hours to be worked per week, begin and end date of work, and duties.