

The basic requirements and limitations of Academic Training (AT) are as follows:

- The AT activity must be directly related to your major field of study and commensurate with your skills and educational level.
- You may apply for as many days of AT as you have been enrolled as a student, up to a maximum of 18 months.
- A job offer is required before applying.
- AT cannot be renewed or extended beyond the 18 months allotted
- AT can take place during or after completion of studies, but must be applied for no later than 30 days after completion of studies.

To apply for AT you will need the following documents:

- An offer letter on letterhead from your prospective employer, including:
 - Your immediate supervisor's name and contact information
 - Name of the company you will work for
 - Address where the AT activity will actually take place
 - Number of hours you will work per week
 - Start and end dates of the AT activity
 - Position title
 - Whether the position is paid or unpaid (if paid, indicate the wage or salary)
 - Detailed description of the AT activity you will engage in, establishing how it is related to your major field of study and commensurate with your level of education at Endicott College
- Application for J-1 Student Academic Training
 - Part 1 completed and signed by J-1 student
 - Part 2 signed by academic advisor or Dean
 - Part 3 signed by international student advisor (at time of appointment)
- A printout of your automated I-94 record (go to www.cbp.gov/i94) verifying your J-1 status, OR a copy of your I-94 card if you last entered the U.S. before April 30, 2013
- If the AT will fulfill an internship requirement:
 - Signed copy of your Endicott Internship Agreement
- If AT will take place after completion of studies, you must submit evidence of adequate financial support to cover living expenses during your AT if the training is unpaid or the wages alone are insufficient.

Please allow 1 week for processing before you begin your internship. **DO NOT begin your internship before receiving your new DS-2019 showing your Academic Training has been authorized.**

Student's Name: _____ **Student I.D. #:** _____

PART 1: To be completed by J-1 student

1. Are you currently subject to the two-year home residence requirement? Yes No
 If yes, have you applied for a waiver of the requirement, or do you plan to apply? Yes No
 If you applied, has the waiver been approved? Yes No

2. Have you been authorized for any prior Academic Training? Yes No
 If yes, please list the dates of the prior Academic Training authorization below:

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Time (months)

4. When do you expect to complete your studies? ____/____/____ (mm/dd/yyyy)

5. Provide the following required details of the requested Academic Training:

Job Title: _____ **Company:** _____

Supervisor:* _____ **Address:** _____

Phone number: (____) _____

** Must include first and last name*

City _____ *State* _____ *Zip* _____

Dates of training: From ____/____/____ To ____/____/____ **Number of hours per week:** _____

6. Describe the goals and objectives of the training program you are requesting:

7. How does the training directly relate to your major field of study?

Application for Academic Training
PART 1: Continued

8. Describe why this training is an integral or critical part of your academic program:

Student's Signature: _____ **Date:** _____

PART 2: To be completed by Academic Advisor or Dean

While the final decision to authorize Academic Training employment authorization is at the discretion of the Office of International Education (OIE), your careful review of the details presented in this request and your considered determination of the appropriateness of the training experience is required by federal immigration regulations. It will also assist the OIE in making its final determination.

I have reviewed the information presented in items four (4) through eight (8) in conjunction with the student's offer of employment. I have determined that the goals and objectives of the training are appropriate; that the training is directly related to the student's major field of study; and that the training is an integral or critical part of the academic program.

Name and Title (please print): _____

Signature: _____ **Date:** _____

PART 3: To be completed by OIE advisor (at time of appointment):

I have reviewed the information presented by the student and her/his academic dean or advisor and determined that the Academic Training being requested is warranted. The criteria and time limitations set forth in 22 CFR § 62.23(f)(3) and (4) are satisfied. In order to ensure the quality of the academic training program, I evaluated the academic training proposal to be effective and appropriate in achieving the stated goals and objectives.

Name and Title of OIE Advisor: _____

Responsible or Alternate Responsible Officer / P-1-05604

Signature: _____ **Date:** _____