Academic Training (AT) is a benefit available to J-1 students for the purpose of “training” (employment, training or experience) in their field of study. The training must be an essential and integral part of the academic program in the U.S. Participation in Academic Training (AT) is available:

1. Before completion of the program of study: part-time (20 hours per week or less) while classes are in session or full-time (more than 20 hours per week) during official breaks and holidays in the academic calendar, OR
2. After completion of the program of study (minimum of 20 hours per week)

Students may engage in up to eighteen (18) months of AT or a period equivalent to their full-time course of study in the United States, whichever is shorter. AT may be extended for up to 18 months for post-doctoral training, but only after completion of the doctoral degree. No other types of extensions are possible. The AT authorization is issued by the J-1 program sponsor (the entity that issued the DS-2019 form). Obtaining AT authorization is not automatic or guaranteed. In fact, sometimes it may be restricted depending upon the terms of a student’s scholarship or exchange agreement. Students must check with their program sponsor (the entity that issued the DS-2019 form) for details regarding the approval process. Work may only begin after authorization has been granted.

General Eligibility Requirements
- Student must be in valid J-1 status and good academic standing.
- Student must obtain written approval in advance for the duration and type of academic training.
- The Academic Training experience must be related to the student’s field of study as listed on the DS-2019.
- Student must maintain health insurance coverage for himself/herself and any J-2 dependents throughout the academic training period.
- Authorization for Academic Training must be issued prior to the expiration date of the student’s current DS-2019.

Instructions for FAU-sponsored J-1 students seeking Academic Training:
- Meet with an international student advisor to discuss your proposed academic training opportunity.
- If pursuing academic training while enrolling in courses, register with Career Development Center for the Internship/COOP Program (students who are pursuing academic training post-degree completion do not need to enroll in this program).
- Obtain a letter offering you a training position from your prospective employer. The letter should show the location, name and address of the training supervisor, type of training, number of hours per week, salary, and dates of the training.
- Complete Academic Training Application Form and obtain your academic advisor’s signature on this form.
- Submit the Academic Training Application Form along with the employer’s offer letter to ISSS. Allow at least five working days for processing the request.

SAMPLE LETTER OF EMPLOYMENT OFFER

DATE:_____

Mr. Chris Columbus
1 East Port Road
Newland, FL 00000

Dear Mr. Columbus:

This is to confirm that Ocean Blue, Inc. is offering you employment as a researcher for 12 months between May 1, 2013 and April 30, 2014 and ending June 30, 2014. The goals and objectives of your training with us will be practical experience in studying the marine life near recreation areas. You will be expected to work 40 hours per week at your annual salary will be $40,000.

The location of your training program will be at the corporate headquarters in Atlantic City and the waters off the city beaches. Your training supervisor will be Mr. Amerigo Vespucci, Vice President for Marine Relations. His address and telephone number appear above on the letterhead.

Sincerely,

Maria PintaHR Manager
Academic Training (AT) Application for J-1 Students

SECTION I: TO BE COMPLETED BY THE STUDENT

Student Information:
Last Name ____________________ First Name ____________________ Student ID Z________________
FAU Email ____________________ Telephone ____________________ Degree Level ____________
Major(s) ____________________ Minor(s) ____________________

Employer Information:
Employer Name ____________________ Telephone ____________________ Email ____________
Employer Address __________________________________________________________________________
Supervisor Name ____________________ Supervisor Title ____________________
Job Title ____________________ Start Date _______________ End Date ______________

Expected Date of Program Completion: ____________________ Month/Day/Year

Proposed Dates of AT
______________________ to ____________________ Month/Day/Year
______________________ to ____________________ Month/Day/Year
______________________ to ____________________ Month/Day/Year

Prior AT approvals for your current program:

Student’s Signature ____________________ Date: ____________________

SECTION II: TO BE COMPLETED BY ACADEMIC ADVISOR*

*This section can be completed & signed by the student’s academic advisor, department chair, or college assistant/associate/dean. Please respond to the questions below after reviewing the employer’s officer letter and in consultation with the student applying for this benefit.

1. What are the goals and objectives of this training experience/program?

2. What is the relationship to the student’s field of study?

3. Why is this training an integral part of the student’s academic program?

Advisor’s Signature
Name: ____________________ Position: ____________________
Signature: ____________________ Date: ____________________
Telephone: ____________________ Fax: ____________________ Email: ____________________