Academic Training for J-1 Students

What is Academic Training?

- J-1 students who are in good academic standing may obtain authorization for work off-campus, as part of an academic training experience. Training should relate to your degree program and must not involve any unskilled labor.

- After completing studies, J-1 students are eligible to work for up to 18 months if the job qualifies as “academic training.” Students pursing post-doctoral studies are eligible for an additional 18 months training, for a total of 36 months. Non-degree students maybe authorized for AT for a length of time not exceeding their academic enrollment length. Students interested in academic training during their studies should make an appointment with an advisor to discuss eligibility and course enrollment.

- Academic training must be integral to your program, recommended by your dean or academic advisor and authorized by the Responsible Officer/Alternate Responsible Officer of your Exchange Visitor program.

How do I apply for Academic Training?

Please submit the following required documentation:

- Complete and submit: J-1 Student Academic Training Recommendation Form

- Submit an offer letter from your potential employer. This letter should be on official company letterhead and include a general description of the training, the name of the training supervisor, the dates of the training, the number of hours of work per week, and the amount of compensation, if any, that you will receive for the training. If the academic training is unpaid, you must show proof of income in order to extend your DS-2019 for the purposes of academic training.

- Insurance Certification: Provide evidence that you will continue to maintain the minimum health insurance requirements as specified by the Department of State. Details regarding health insurance requirements are listed in the following document: Important Regulations Affecting J-1 Students.

Where do I submit my documentation?

- Please drop off all documentation at the front desk of International Affairs.

- Upon receipt of the documentation, the Responsible Officer/Alternate Responsible Officer shall review the documentation for compliance with requirements.

- The Responsible Officer/Alternate Responsible Officer will notify you of the decision by emailing your UCR webmail address.

IMPORTANT NOTES: Please plan ahead. Post-completion academic training must be authorized before your current DS-2019 expires. Please note that you cannot begin work until the authorization is complete.

900 University Ave, Skye Hall 321, Riverside, CA 92521 Phone: (951)827-4113 Email: internationalstudents@ucr.edu
TO BE COMPLETED BY DEPARTMENT CHAIR OR ACADEMIC ADVISOR

_______________________________ majoring in _______________________________________, wants to engage in an Academic/Postdoctoral Training program discussed below.

DESCRIPTION OF THE TRAINING PROGRAM:

Location: ___________________________________________________________________________________

Job Title: ___________________________________________________________________________________

Name of employer: __________________________________________________________________________

Address where training will take place: __________________________________________________________

Supervisor’s name: ___________________________ Number of hours per week: ______________________

Period of training from ____________________________ to ____________________________

Course Title/Section enrolled in (if currently enrolled student) ________________________________

GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM:

How does the training relate to the student’s major field of study?

__________________________________________________________________________________________

Why is the training an integral or critical part of the academic program of the exchange visitor student?

__________________________________________________________________________________________

As the student’s Academic Advisor or Graduate Advisor, I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend granting this student authorization to participate in the Academic Training program that I have described.

__________________________________________________________________________________________

Signature of Academic Advisor

School/Department

Printed Name of Academic Advisor

Date

Extension

900 University Ave, Skye Hall 321, Riverside, CA 92521

Phone: (951)827-4113   Email: internationalstudents@ucr.edu