J-1 Academic Training Information

Academic training is flexible in its format and offers a variety of employment situations to supplement your academic program in the United States. It is available before completion of your program of study as well as afterwards. As long as you stay within the stipulated time limits, it lets you work part-time or full time while classes are in session and full time during vacation periods; and, under certain circumstances, you may interrupt study to work full time, for example while you are writing a thesis. J-1 students in non-degree programs are also eligible for academic training.

Conditions

1. Your primary purpose in the United States must be study rather than academic training.
2. You must be in good academic standing.
3. The proposed employment must be directly related to your major field of study.
4. Throughout your academic training you must maintain permission to stay in the United States, in J-1 student status, and apply for extensions as necessary.
5. You must maintain health insurance coverage for yourself and any J-2 dependents throughout your academic training.

Limitations

1. Your employment may be authorized for the length of time necessary to complete the goals and objectives of the training, provided that the amount of time is approved by both the academic dean or adviser and an immigration coordinator in the Office of International Affairs. It may not exceed the period of full course of study or 18 months, whichever is shorter. If you receive a doctoral degree and have been offered a post-doctoral position, your "postdoctoral training" may last as long as 36 months. Additional academic training beyond the 18 or 36-month limit is allowed only if it is required for the degree.
2. Part-time employment for academic training counts against the 18 or 36-month limit the same as full-time employment.
3. Earning more than one degree does not increase the amount of time for academic training.

Before Completion of Study

You may be authorized to work up to 20 and more than 20 hours per week before you complete your course work under one of the three following conditions:

1. During a vacation term; or
2. You have completed all your course requirements and need only to complete a thesis or dissertation.
After Completion of Study

1. Academic training approved after completion of your program of study must be reduced by any prior periods of academic training.

2. Academic training following completion of your program of study may be paid or unpaid employment. If unpaid, the student must be able to show adequate financial support and insurance coverage during the period of authorized employment.

3. Whether the other items in the application are ready yet or not, you must obtain a written offer of appropriate employment and present a copy to an immigration coordinator in OIA no later than the end date of your program, or you will lose eligibility for academic training after completion of studies.

Application Procedure

1. Obtain a letter of offer from your prospective employer that includes your job title, a brief description of the "goals and objectives" of your "training program" (your employment), the dates and location of the employment, the number of hours per week, and the name and address of your "training supervisor" (the quotations come from the regulations) and an annual salary rate. Make sure that your employer's letter includes all of these details. If you are unpaid, bring proof of finances (e.g. bank statement) and insurance to OIA along with your letter.

2. Give a copy of your employer's letter to your academic adviser or dean for use in completing attached "Academic Advisor/Dean Recommendation" form.

3. Bring the letter of offer and recommendation from academic adviser or dean to OIA and have an immigration coordinator review the material.

4. Upon approval, the immigration coordinator will issue a letter of employment authorization. To authorize academic training OIA will issue a new Form DS-2019 if needed, for no more that 18 months at a time.

5. The U.S. Department of State requires all J-1 students and their dependents who accompany them to the U.S. to have health insurance during their entire stay in the U.S. All OSU students and accompanying dependents must purchase the OSU health insurance plan or obtain appropriate insurance through their employer. Academic Training will not be approved until proof of insurance has been provided.

Documents Needed for Employment

When you begin work (as a paid employee), you and your employer must complete Form I-9, which requires you to document your identity and work authorization according to directions on the back of the Form. Of the various items acceptable as documentation, you may find that the most convenient combination is your passport, Form I-94, Form DS-2019, and the OIA work authorization letter. Your employer, who keeps Form I-9, will make copies of the documents you submit, and return the originals to you. Form I-9 must be updated any time that you receive a renewal of your permission for academic training.
J-1 Academic Training Application

To Be Completed by the Student (Please Print)

Last Name: ______________________________________________________

First Name: ______________________________________________________

Middle Name: ______________________________________________________________________

SEVIS ID Number: N00 ______________________ Date of Birth (mm/dd/yyyy): ___/___/______

Phone: _________________________ Primary Email: _________________________________________

Secondary Email: ______________________________________________________________________

I am applying for Academic Training based on the following information as it relates to my J-1 status:

Degree Level for which you will be authorized for Academic Training:

☐ Bachelor’s  ☐ PhD

☐ Master’s  ☐ Other: ________________________________

During my Academic Training, I will be/have:

☐ Engaged in an annual vacation term during summer ________________ (year)

☐ Enrolled full time and making normal progress towards degree

☐ Completed all course requirement excluding the thesis or dissertation

☐ Completed or am expected to complete degree prior to beginning Academic Training

☐ OSU health insurance plan or appropriate insurance through their employer

Have you applied for a waiver of the 212(e) two-year foreign residence requirement?

☐ No  ☐ Yes, and it was approved  ☐ Yes, but it was denied

If you have been approved you are not eligible to extend your DS-2019 with Academic Training.

I hereby confirm that the information I have provided in this application is accurate. While participating in
Academic Training, I will update my student account in SIS of any changes to my residential address,
telephone number, and email address within 10 days of such changes. I understand and agree to the
responsibilities associated with Academic Training even in the event that Federal Regulations are amended
while I am maintaining my J-1 non-immigrant status. I understand that if my statements are fraudulent my J-1
exchange visitor program will be terminated by The Ohio State University. I will not hold OSU liable for
failure to comply with the Department of State’s insurance requirements.

Printed Name of Student: ____________________________________________________________

Signature of Student: __________________________________ Date (mm/dd/yyyy): ___/___/______
To Be Completed by the Academic Advisor or Department Chair (Please Print)

Field of Study: __________________________________________________________________________

Estimated Semester and Year of Student’s Completion of Studies: ________________________________

Description of Training Program

Job Title: _____________________________________________________________________________

Employer Name: _______________________________________________________________________

Address (No P.O. Boxes): ________________________________________________________________
City: _______________________________ State: __________________ Zip Code: _________________

Training Supervisor: _______________________________ State: __________________ Zip Code: _________________

Address of Training Supervisor: ____________________________________________________________
City: _______________________________ State: __________________ Zip Code: _________________

Dates of Training Program (mm/dd/yyyy): From ____/____/_______ to ____/____/________

Number of Hours per Week: __________ Annual Salary Rate $ ____________________

Goals and Objectives of the Specific Training Program

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

How does the training program 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 student?

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
As the student's Academic 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 that you authorize this student to participate in the "Academic Training" program that I have described.

Signature of Academic Advisor: __________________________ Date (mm/dd/yyyy): ___/___/_______

Printed Name and Title of Academic Advisor: ____________________________________________

College or Department: __________________________________________________________________

To Be Completed by the Immigration Coordinator (Please Print)

I have reviewed this letter and determined that the "Academic Training" being requested

☐ is warranted. ☐ is not warranted.

The criteria and time limitations set forth in 22 CFR 514.23(f) (3) & (4)

☐ are satisfied. ☐ are not satisfied.

In order to ensure the quality of the program, I hereby evaluate the effectiveness and appropriateness of the training in achieving the stated goals and objectives as follows:

☐ Satisfactory ☐ Unsatisfactory

I have authorized academic training from ___/___/_______ to ___/___/_______.

Printed Name of Immigration Coordinator: ____________________________________________

Signature: __________________________ Date (mm/dd/yyyy) ___/___/____