

**C. ACADEMIC DEPARTMENT RECOMMENDATION** *(To be completed by Academic, Department, or Faculty Advisor)*

Please describe the goals and objectives of this training and how it is an integral or critical part of the student's academic program:

By signing below, I certify that this work experience is related to the student's field of study or major and recommend the aforementioned AT period be authorized.

Advisor's Signature:	Date:
Advisor's Name (Print):	

D. FINANCIAL VERIFICATION

(For Post-Completion AT or AT Extension Requests only, if AT payment does not meet the requirement below)

Required Amounts: Self = \$2,000/month; J-2 Spouse = \$1,200/month; J-2 Child = \$700/month

Source(s) of Funding	Amount in USD	Required Documents
<input type="checkbox"/> Personal / Family / Individual	\$	Copies of bank statement(s) dated within last 6 months OR official stamped bank letter(s) dated within last 6 months.
<input type="checkbox"/> UCSC	\$	Copies of signed offer letter or award letter, printed on University letterhead. Must include the position and salary information from a UCSC Department or the Graduate Division. Must be dated within the last 6 months.
<input type="checkbox"/> Sponsoring Organization	\$	Copies of: Official, signed award letter(s) or other documentation dated within the last 6 months. Must specify the amount and duration of support.
Total Financial Support	\$	

E. STUDENT ACKNOWLEDGEMENT

I hereby confirm the above information is complete and accurate. During the authorized Academic Training period, I understand that I am required by the U.S. Department of State to continue to have health insurance coverage in order to maintain my J-1 status. If there are any changes to my Academic Training employment or health insurance I will notify an ISSS International Student Advisor immediately.

Minimum Health Insurance Requirements: Medical benefits of at least \$100,000 per accident or illness; repatriation of at least \$25,000; medical evacuation of at least \$50,000; and a deductible not to exceed \$500 per accident or illness.

Student Signature:	Date:
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