J-1 Student Academic Training (AT) Request

How to Apply
1. Obtain an official, signed employment offer letter, which clearly specifies the following items:
   a. First and last name of student
   b. Employer's name and address
   c. Job Title
   d. Specific Job duties
   e. Dates of Employment
   f. Anticipated working hours per week
   g. Compensation
2. Complete Section A ‘Student Info,’ Section B ‘Employer Info’; and sign Section E ‘Student Acknowledgment’
3. Have your Academic Department complete recommendation and sign Section C
4. Complete Section D and attach proof of finances if you are requesting post-completion AT
5. Submit the complete AT application during walk-in advising or via appointment with an ISSS advisor, at least two weeks before your job start date.
6. Wait for new DS 2019 at current ISSS processing time; Pick up new DS-2019 with AT authorization

A. STUDENT INFORMATION (To be completed by student)

Surname/Family Name(s): Given/First Name:

UCSC Student ID: UCSC Field of Study/Department:

Level of Study:
- □ Bachelors
- □ Masters
- □ Doctorate
- □ Non-Degree EAP

Type of AT (check one):
- □ Pre-Completion (Employment BEFORE completion of studies)
- □ Post-Completion (Employment AFTER completion of studies)

I have applied for AT before (check one): □ YES □ NO
If “YES,” indicate how many weeks/months of AT you worked:

B. EMPLOYMENT INFORMATION

Site of Academic Training (Company/Employer Name):

Site of Academic Training Address:

Supervisor’s Name (First/Last): Supervisor’s Phone & Email:

Employment Start Date: Employment End Date:

Number of hours per week: Pay (check one): □ Paid □ Unpaid

Revised March 2020
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: ________________________
Advisor’s Name (Print): ________________________
Date: ________________________

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

<table>
<thead>
<tr>
<th>Source(s) of Funding</th>
<th>Amount in USD</th>
<th>Required Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Personal / Family / Individual</td>
<td>$</td>
<td>Copies of bank statement(s) dated within last 6 months OR official stamped bank letter(s) dated within last 6 months.</td>
</tr>
<tr>
<td>□ UCSC</td>
<td>$</td>
<td>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.</td>
</tr>
<tr>
<td>□ Sponsoring Organization</td>
<td>$</td>
<td>Copies of: Official, signed award letter(s) or other documentation dated within the last 6 months. Must specify the amount and duration of support.</td>
</tr>
</tbody>
</table>

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: ________________________

Revised March 2020