



## Academic Training for J-1 Exchange Students

**OVERVIEW:** Academic Training is permission to work anywhere in the U.S. for training purposes granted to Exchange students in good J-1 standing. This allows them to remain in the U.S. after their program of studies ends under the following conditions:

### **ELIGIBILITY AND GUIDELINES:**

- Students must apply before their end of their program.
- Must be directly related to the field of studies listed on the DS-2019.
- Academic Training is counted as full-time even if the employment is part-time.
- Expired visa will not affect the Academic Training options since the training details are entered on the DS-2019 which is the proof of legal status
- If the visa has expired the student cannot leave the U.S. before or during the Academic Training period
- After completion of the Academic Training there is a 30 day grace period during which the student can remain in the U.S.

<b>Alternate Responsible Officer</b>	<b>Student</b>
Permission is granted by the Office of International Programs if the student is here on Montana State University J-1 program, otherwise permission must be granted by the program sponsor (ISEP, Fulbright, IIE, etc.).	Letter of employment from employer with information about the training opportunity: Name of Company, address, start and end date and job description
SEVIS: Extend end date to the end of the student's Academic Training	
SEVIS: Enter Academic Training information.	
SEVIS: Print updated DS-2019 and sign and give to student	
Student File: On front put Academic Training dates.	
Student File: Staple together letter of employment and Academic Training DS-2019	



## J-1 Academic Training

Academic Training (AT) is permission to work anywhere in the U.S. for (paid or unpaid) training purposes granted to degree-seeking and exchange students in good J-1 standing. This allows them to remain in the U.S. after their program of studies ends.

### **DURATION:**

The total training period for non-degree students may not exceed the period of full course of study, such as a student that attends MSU for 1 semester is eligible for 4 months.

Degree seeking students may not exceed 18 months of AT, or amount of time spent in academic program. Students that have completed a PhD are eligible for up to 36 months of academic training.

### **ELIGIBILITY:**

- AT must be directly related to the field of studies listed on the DS-2019.
- Student is here in the U.S. to study rather than to engage in AT
- Student must be in good standing with MSU
- Permission has to be granted by Office of International Programs if the student is here on Montana State University J-1 program, otherwise permission must be granted by the program sponsor (ISEP, Fulbright, IIC, etc.).

### **REQUIRED DOCUMENTS:**

- *Offer letter from employer* stating the following: name of company, address, start and end date, and job description
- *Proof of insurance* that covers the following: (USD) \$100,000/accident or illness, \$25,000 for repatriation, \$50,000 for medical evacuation, and deductibles to not exceed \$500/accident or illness (Dependents will need proof of insurance in addition).
- *Evidence of financial support* (for unpaid AT)

### **IMPORTANT DEADLINES:**

- Students must apply for AT no later than 30 days before the end of their program for Post-Completion AT
- Students must start their AT within 30 days of their program end date for Post-Completion AT
- Students have a 30-day grace period at the end of AT



## J-1 Academic Training Request Form

### SECTION 1: Student Information (To be completed by student)

\_\_\_\_\_  
Surname, First Name SEVIS ID Number

\_\_\_\_\_  
Email Student ID Number Telephone Number

Previous months of AT used: \_\_\_\_\_ DS-2019 Start Date: \_\_\_\_\_

DS-2019 End Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_

I am a:  Degree-seeking student  ISEP Student

### SECTION 2: Employment Information (To be completed by student)

\_\_\_\_\_  
Name of Employer/Company Name Student Job Title

\_\_\_\_\_  
Supervisor Name Supervisor Title

\_\_\_\_\_  
Supervisor Telephone Number Supervisor Email

\_\_\_\_\_  
Company Street Address City State Zip Code

\_\_\_\_\_  
Hours/Week Start Date End Date Compensation

\_\_\_\_\_  
Advisor Name Title Date

\_\_\_\_\_  
Signature

### SECTION 3: Student Confirmation

Please attach the following documents:

- Proof of acceptable Insurance
- Proof of Financial Support
- Letter of Employment

*By signing below, I have included all required documents, and all information is correct to the best of my knowledge.*

\_\_\_\_\_  
Signature Date