

Application for Academic Training for J-1 students

Student's Name: _____
Family/Last Name Given/First Name

E-mail address: _____ Phone Number: _____

Major field of Study: _____

Education Level: _____ Expected Graduation Date: _____
Month/Day/Year

Please list any previous authorizations under Academic Training: _____
Begin Date/End Date

After submitting the completed application to the ISSS, our office will review the application and determine your eligibility for Academic Training. If you are determined to be eligible, the ISSS will prepare an Academic Training work permission letter. This letter is to verify your eligibility to work in the United States and will need to be submitted to your employer.

Note:

- ◆ ISSS can only grant Academic Training to J-1 students who are sponsored by Kansas State University Exchange Visitor Program No. P-1-00780 (see box 2 of your DS-2019). If you are sponsored by another organization, you must receive permission for Academic Training from them.
- ◆ If you have a financial sponsor other than Kansas State University (such as your home government), you should consult with them prior to applying for Academic Training. The agreement you have with your financial sponsor may not allow participation in Academic Training.

Signature: _____ Date: _____

You must meet with an ISSS advisor at the time you submit this application for Academic Training authorization.

Please bring the following documentation with you to your appointment:

- ◆ Your DS-2019
- ◆ Your passport and I-94 card
- ◆ Completed Advisor/Major Professor form (included in this packet)
- ◆ Completed Employer Form (included in this packet) or employer's offer letter which states the same information requested on the form.
- ◆ Financial Support Documentation [Only required for those participating in Academic Training following his/her program completion. Salary information, as listed on the Employer Form or offer letter, is sufficient. Academic Training must be paid post-completion, with the possible exception of exchange or home government sponsored students].

Date reviewed with ISSS advisor: _____ ISSS Advisor: _____

International Student & Scholar Services
104 International Student Center, Kansas State University
Phone: 785.532.6448 Fax: 785.532.6607 Email: iss@ksu.edu www.ksu.edu/iss

FOR ISSS OFFICE USE ONLY:

Advisor Review:

Maintained full-time status: Yes No

AT record checked: Yes No

Authorization letter issued: Yes No

Pre-completion AT: Add employer address as Site of Activity

Note AT on document, choose "Reprint DS-2019", choose "other", and remark "Academic Training: mm/dd/yyyy-mm/dd/yyyy" in both boxes.

Post-completion AT: Financial support sufficient

Extend (or shorten, if applicable) the DS-2019 end date to last date of employment

Change Site of Activity to employer address

Note AT on document, choose "Reprint DS-2019", choose "other", and remark "Academic Training: mm/dd/yyyy-mm/dd/yyyy" in both boxes.

Issue new dependent documents, if applicable

Comments:

Processed by: _____ Date: _____

Student Notification:

Email student for pick-up Date email sent: _____

Photocopy DS-2019 at pick-up

**Advisor/Major Professor Approval Form
for J-1 international students Academic Training participation**

The following information is required before Academic Training will be approved by the ISSS according to Federal Code of Regulations [22 CFR 514.23 (f)(5)(i)]. You can recommend Academic Training by completing this form or submitting a department letter which includes all the information requested below.

Student Name: _____
Family/Last Name Given/First Name

Education Level: _____ Expected Graduation Date: _____
Month/Day/Year

Major field of Study: _____

Describe how the Academic Training relates to the student's major field of study and why it is an integral or critical part of the academic program. Please include specific goals and objectives and attach a program description.

Company Address: _____

Name of Supervisor: _____

Number of hours student will work per week: _____
(Pre-completion AT is limited to no more than 20 hours per week while classes are in session.)

Employment to begin on _____ and end on _____
(dates from Advisor and Employer must match)

****Length of employment may not exceed amount of time spent in study or 18 months (whichever is less). Students in a doctoral program may be eligible to participate in an additional 18 months.**

Advisor/Major Professor Name

Signature

Date

Email Address: _____ Phone: _____

Please return this completed form to the student. Student will submit to the ISSS for processing.

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**Employer Information Form
for J-1 international students Academic Training participation**

Note to Employer: Please fill out this form OR submit a letter of offer on company letterhead containing all the information requested below. This student may not begin working until s/he has received written authorization from the International Student and Scholar Services office to participate in Academic Training.

Student Name: _____
Family/Last Name Given/First Name

Name of Company: _____

Company Address: _____

Name of Supervisor: _____

E-mail: _____ Phone: _____

Employment to begin on _____ and end on _____.
(dates from Advisor and Employer must match)

Number of hours per week: _____

Paid____ or Unpaid____

Rate/Salary: _____
*Please note whether this is an hourly rate or annual salary.

Attach a copy of the complete position description.

Employer Name Signature Date

E-mail: _____ Phone: _____

Please return this completed form and attached position description to the student. Student will submit to the International Student and Scholar Services office for processing.

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