Application for Academic Training for J-1 students

To be completed by student:

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

E-mail Address: _____ Phone Number: _____

Major Field of Study: _____ WID: _____

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

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

Have you submitted a waiver of the 212(e) home residency requirement? ☐ Yes ☐ No

NOTE: Students requesting AT to begin after the program completion must provide proof of health insurance for the duration of the AT authorization period. Please submit page 3 with this application. Failure to maintain health insurance is a violation of status and will result in the termination of your J-1 SEVIS record.

To be completed by the Academic Advisor or Major Professor:

Academic Department: _____

Training experience will take place prior to the completion of the program? ☐ Yes ☐ No

If yes, student will register for a course: ☐ Yes ☐ No

Course name and number _____ and will earn _____ credit hours for Academic Training.

The Department ☐ does or ☐ does not consider registering for this course a full-time academic course load.

Dates of Employment: Start Date _____ End Date_____ .
*Dates from Advisor and Employer need to 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.*

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

Please complete the following.

Student role: Describe role with employer and the integral nature of the experience.

Goals and objectives: Describe how this experience will help student achieve objectives related to program.

Measures and Assessments: Explain how employer and advisor will monitor objectives are being met to fulfill course/program requirements.

Advisor/Major Professor Name Signature Date

Email Phone

KANSAS STATE UNIVERSITY
International Student & Scholar Services

2012 Tunstall Cir, Suite 104 | | Jardine Complex, Building 7
Manhattan, KS, 66502 U.S.A.
Phone: (785) 532-6448 - Fax: (785) 532-6607
E-mail: isss@ksu.edu
ksu.edu/isss - facebook.com/isssksu

Employer Information Form
for J-1 International Students Academic Training Participation

Note to Employer: *Please fill out this form in its entirety as the information requested is required in order to legally authorize employment. This student may not begin working until s/he has received written authorization to participate in Academic Training from International Student & Scholar Services.* Please return this completed form and attached position description to the student.

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

Name of Company: _____

Company Address: _____

_____

_____

Name of Supervisor: _____

E-mail: _____ Phone: _____

Dates of Employment: Start Date _____ End Date_____
Dates from Advisor and Employer need to 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.

Number of hours student will work per week: _____ ; ☐ Paid or ☐ Unpaid Rate/Salary: _____/hr
(Pre-completion AT is limited to no more than 20 hours per week while classes are in session.)

Please complete the following.

Student role: Describe role with employer and the integral nature of the experience.

Goals and objectives: Describe how this experience will help student achieve objectives related to program.

Measures and Assessments: Explain how employer and advisor will monitor objectives are being met to fulfill course/program requirements.

_____
Employer Contact Name Signature Date

_____
Email Phone

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Insurance Compliance Form for J-1 Visitors and J-2 Dependents

Last Name of J-1 Visitor: _____First Name: _____Email Address: _____

Local Address: _____

Dependent Name(s): _____

The following information regarding the J program insurance requirements, as defined by the U.S. Department of State must be read, signed, and returned to ISSS in order to validate or extend J-1/J-2 status.

GENERAL INSURANCE REQUIREMENTS

As an Exchange Visitor in the United States, under a rule effective September 1, 1994, you must carry health/repatriation/evacuation insurance for yourself and your J-2 dependents for the full duration of your J program. **Government regulations stipulate that if, after your J program start date, you willfully fail to carry the required insurance for yourself and your dependents, or make a material misrepresentation to the sponsor concerning such coverage, your J-1 sponsor must terminate your program, and report the termination to the United States Department of State.** Minimum requirements are listed in the table below.

Medical benefits- per accident or illness	$100,000
Repatriation of remains	$25,000
Medical evacuation	$50,000
Deductible per accident or illness	$500

Please note: ISSS does not have the expertise to evaluate individual insurance policies. The J-1 Exchange Visitor must check with his/her insurance provider to verify the policy meets the minimum insurance requirements set by the U.S. Department of State.

MEDICAL INSURANCE INFORMATION:

Insurance Company Name: _____Coverage Begin Date: _____ End Date:_____

Address: _____ Phone: _____

Policy Number: _____ E-mail: _____

EVACUATION/REPATRIATION COVERAGE:

Insurance Company Name: _____Coverage Begin Date: _____ End Date:_____

Address: _____ Phone:_____

Policy Number: _____ E-mail: _____

I certify under penalty of perjury the above information is true and correct. I confirm my/our insurance coverage meets the U.S. Department of States' requirements as outlined above. I understand it is ***my responsibility*** to provide proof of continuous coverage to ISSS. **I understand that if I fail to obtain and maintain the adequate medical/repatriation/and evacuation insurance for myself and my J-2 dependents (if applicable) for the duration of the J program, Kansas State University is obliged to terminate my J program and will notify the U.S. Department of State of the termination. Such action will result in my loss of legal immigration status.**

_____ _____

J-1 Exchange Visitor's Signature Date

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