ACADEMIC TRAINING: J-1 EXCHANGE VISITORS

Academic training is a term used by the US Department of State to describe work, training, or practical experience related to a student’s major field of study. It may involve sequential or simultaneous activities, either paid or unpaid. There can be one or more training organizations or employers, provided the application process and approval procedures are followed for each internship and that the time limits are not exceeded. Academic Training can be authorized during a program of study, post-completion or a combination of both. It may not exceed the total amount of time you spend in a full course of study, nor may it exceed the maximum allowable of 18 months. Immigration regulations state that all Academic Training is counted and subtracted as full-time, even if employment is on a part-time basis.

Eligibility Requirements

The following criteria apply.

You must:

• be in the United States primarily to study.
• apply for Academic Training before your current DS-2019 expires.
• have a training offer before you can apply; Academic Training is training position-specific, and the position must be directly related to your major field of study as documented on your DS-2019.
• be in status with immigration, in good academic standing at PSU, and have been registered full-time during your exchange program.
• receive written approval from a Responsible Officer (RO) or Alternate Responsible Officer (ARO) in ISSS (International Student & Scholar Services) for each Academic Training position before beginning any Academic Training period.

Under no circumstances can you begin Academic Training without prior written authorization.

Important Note Regarding Post-Completion Academic Training (After Studies)

You must apply for Academic Training before your current DS-2019 expires. You will be issued a new DS-2019 for your Academic Training period, and it will indicate a begin date to be no later than the end of your 30-day grace period, regardless of when your Academic Training begins.

Application Instructions

These items must be submitted before your application will be considered:

• the Academic Training Recommendation Form (see next page/reverse) must be completed by the student and the academic adviser
• be certain that your academic adviser signs the form, otherwise you will have to contact your adviser to obtain a signature
• If the training requires additional time in the United States, you must obtain an extension of your J-1 DS-2019 form from your immigration advisor in ISSS. To provide an extension you must show proof of funding for living expenses; please refer to this page† for more information about how to calculate living expenses for an extension. The funding can be from the company (for example, your wage or salary, if it is a paid position) or your own personal funding, or a combination of company and personal funding.
• obtain a “Letter of Offer” from your prospective training organization

The training organization’s “Letter of Offer” must include:

• your position title
• begin-date of the internship
• end-date of the internship
• a specific description of the position
• number of hours per week
• total wages (if any) to be paid for the internship
• training supervisor’s name and phone number
• internship address

Return your completed application materials to OISSS. Feel free to contact your immigration advisor regarding any questions you may have. You may reach your advisor by calling 503-725-4094 or by e-mail at oia@pdx.edu.

†http://www.pdx.edu/admissions/required-financial-documentation-for-international-students
# Academic Training Recommendation Form

**Name** ________________________________  **PSU ID** ________________________________

**Address** ________________________________  **City** ______________  **State** __ **ZIP** ______________

**Phone** ________________________________  **PSU E-mail** ________________________________  **Personal E-mail** ________________________________

Prior dates of authorized Academic Training (all training authorized during your J-1 program) ________________________________

**Company or Organization Name** ________________________________

**Physical address of training site** ________________________________

**Address** ________________________________  **City** ______________  **State** __ **ZIP** ______________

**Mailing address, if different** ________________________________

**Address** ________________________________  **City** ______________  **State** __ **ZIP** ______________

**Training supervisor’s name** ________________________________  **Supervisor’s phone** ________________________________

**Position title as stated in training organization’s letter of offer** ________________________________

**Proposed beginning date of training** ________________________________  **Proposed ending date of training** ________________________________

**How many hours per week will the student be engaged in training?** ______________

**Will the training be paid?** □ Yes  □ No  
If the training will be paid, what is the anticipated salary/wage? ________________________________

**Exchange Visitor Category (see item 4 on DS-2019)** □ Non-Degree  □ Bachelor’s  □ Master’s  □ Doctorate

**Student’s expected term of completion at PSU** □ Fall  □ Winter  □ Spring  □ Summer 20__

List the goals and objectives of this academic training position (these sections to be completed by the student’s academic advisor):

________________________________________

Describe the training program:

________________________________________

Explain how the training relates to the student’s major field of study:

________________________________________

Explain why this training position is an integral or critical part of the student’s academic program:

________________________________________

I certify that the above information is correct to the best of my knowledge. Based on this information, I endorse this student’s request for Academic Training.

________________________________________  **Academic adviser or Department Chair’s signature and date**

________________________________________  **Printed name of signer**

**Printed Name of Department**

________________________________________

I have read and understand the Academic Training guidelines provided on the attached information form. I understand that I must request an extension of my AT authorization in a timely manner prior to the expiration of my current authorization or cease working until the new authorization is approved.

________________________________________  **Student signature**  **Date**