

Academic Training (AT), as described by USCIS, is authorized employment for up to 18 months which may be taken prior to or following the completion of a student's course of study. Employment must be related to the student's field of study. Students whose DS-2019 is issued by a sponsor other than the University of Southern Indiana must apply for AT from their program sponsor.

Applications for AT should be made at least two weeks before beginning work, if prior to graduation, or within 30 days of the completion of studies, if used post-graduation, but **always** prior to the expiration of your DS-2019 form to maintain legal status. You must have a job offer letter related to the field of study in order to receive AT authorization.

To apply, please complete and return the following to the Center for International Programs (1234 University Center East).

You will need the following documents for Pre-Completion Academic Training:

- A letter from the prospective employer which describes:
 - Job title and duties
 - Supervisor name and contact information
 - Salary amount (if paid)
 - Address of where employment will take place
 - Number of hours working per week
 - Beginning and end dates of proposed employment
- Academic Training Form
 - Page 1 – Student Permission Request
 - Page 2 – Academic Advisor Approval

You will need the following documents for Post-Completion Academic Training:

- A letter from the prospective employer which describes:
 - Job title and duties
 - Supervisor name and contact information
 - Salary amount (if paid)
 - Address of where employment will take place
 - Number of hours working per week
 - Beginning and end dates of proposed employment

- Proof of finances:
 - You must show documentation for a minimum of \$800 per month
- Proof of health insurance:
 - If your employer does not offer health insurance, you must extend your LowerMark health insurance
- Academic Training Form
 - Page 1 – Student Permission Request
 - Page 2 – Academic Advisor Approval

Please return the completed application to:

Center for International Programs
University Center East, 1234
University of Southern Indiana
8600 University Boulevard
Evansville, IN 47712
812/465-1248

Fax: 812/228-5097



J-1 Student Academic Training Student Permission Request

Page 1

To be completed by the student and submitted to the Center for International Programs with the Academic Advisor's Approval Form (page 2).

FOR OFFICE USE ONLY

DATE RECEIVED

Student USI ID #: _____

Student's Name: _____

Current Address: _____

Email: _____

Phone Number: _____

Major Field Listed on DS-2019: _____

Expiration Date of DS-2019: _____

Date of first enrollment at USI: _____

Health Insurance Company: _____

I am currently enrolled full-time. YES.

I will be graduating at the end of this semester. YES.

Undergraduate: 12 NO.
Graduate: 6

NO.

Signature of student

Date

FOR OFFICE USE ONLY

Approved Dates of Academic Training

Total months of Academic Training approved to date:

Denied / / to / /

Signature of RO/ARO

Date

Page 2

To be completed by the Academic Advisor.

FOR OFFICE USE ONLY

DATE RECEIVED

Student's Name: _____

**Academic
Advisor's Name:** _____

Title: _____ **Phone Number:** _____

Email: _____

Please refer to the employment offer letter and speaking with the student to complete the following questions.

Goals and objectives of the specific Academic Training Program:

Description of Academic Training (job duties):

Please indicate why the proposed training is an integral or critical part of the student's academic program and how it relates to their academic program:

Name of Training Site: _____ **Address of Training Site:** _____

Name of Supervisor: _____

**Email and Phone
Number of Supervisor:** _____

of hours per week: _____ **Proposed dates for Academic Training:** _____ through _____

Signature of Academic Advisor/Department Head

Date