

# ACADEMIC TRAINING INSTRUCTIONS

THE CENTER FOR INTERNATIONAL EDUCATION, JUNIATA COLLEGE

## What is Academic Training?

Academic training is employment or training that is authorized for a specific period of time in order for students in J-1 visa status to gain practical experience in their field of study. Academic training must complement a student's academic activities and supplement the stated program objectives.

## What are the Eligibility Requirements?

- You may work no more than 20 hours per week while school is in session and 40 hours per week during summer and vacations.
- Your primary purpose must be to study rather than to engage in academic training only. You must be enrolled in at least 12 credits at Juniata.
- You must be in good academic standing.
- The proposed academic training must be directly related to your field of study as listed on your Ds-2019 form.
- If the academic training is after the completion of your studies, you must begin the training no more than thirty days after the completion of studies.

## Steps to Apply

A specific description of the academic training is required. You must be offered an opportunity for academic training, and complete the process for academic training to be considered for training permission.

- 1) Academic training requests must be submitted to the Center for International Education at least two weeks prior to the start of the training opportunity. Write a letter requesting academic training. Your letter should indicate your reasons for pursuing academic training, particularly how the training will support your overall program of study.
- 2) Obtain a letter from your prospective supervisor specifying the job title, the number of hours you will work, the amount of your compensation, if any, a brief description of the goals and objectives of your training program, and the name and address of your training supervisor. The letter should stipulate that this is a temporary offer of employment or academic training for a specific set of dates.
- 3) Complete the top part of the "Request for Academic Training" form.
- 4) Obtain your faculty advisor's signature on the form, certifying their approval of the training. This person should also complete questions 1 – 4 on the form.
- 5) Submit the employment letter and the Request for Academic Training form to the Center for International Education. The Responsible Officer will need to evaluate your request for authorization.

Kati Csoman, Assistant Dean

x3184

email: [csomank@juniata.edu](mailto:csomank@juniata.edu)

Shya Erdman, International Education Advisor- Visa Services

x3183

email: [erdmans@juniata.edu](mailto:erdmans@juniata.edu)

If you are authorized for academic training, you will receive written authorization from the Responsible Officer in advance of the time you begin your training. In all cases, you may not begin academic training until you receive your authorization letter.

Also, academic training for J-1 students is limited to a specific employer or supervisor. If you wish to change employers/programs, you must complete a new Application for Academic Training for the new employer.

## Request for Academic Training

BRING COMPLETED FORM TO:

Kati Csoman, ARO- Assistant Dean or  
Shya M. Erdman, ARO- International Education Advisor- Visa Services  
Center for International Education, Juniata College

**To be completed by Student:**

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**STUDENT:** \_\_\_\_\_ **COUNTRY:** \_\_\_\_\_

**PROGRAM OF EMPHASIS/ FIELD OF STUDY:** \_\_\_\_\_

**To be completed by student's Academic Advisor:**

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The student named above would like to be considered for participation in the academic training program described below. If necessary, please attach a separate sheet.

### 1. Description of the training program.

Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of training supervisor: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

Dates of training: from \_\_\_\_\_ to \_\_\_\_\_

### 2. Please describe the goals and objectives of the training program.

### 3. How does the training relate to the student's major field of study?

### 4. Why is the training an integral part of the student's academic program?

As the student's Academic Advisor, I have set forth the purpose and details of this academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the "Academic Training" program that I have described.

\_\_\_\_\_  
Signature of the Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Department

\_\_\_\_\_  
Telephone

## **Student's Acknowledgement of Understanding of Academic Training Requirements**

I understand that I am requesting the college's Alternate Responsible Officer's recommendation for Academic Training authorization. The Center for International Education will advise and assist me with reviewing my request for completeness and eligibility.

\_\_\_\_\_  
My signature

\_\_\_\_\_  
My name (please print)

\_\_\_\_\_  
Today's date

### **J-1 Student Status Responsibilities while on Academic Training**

During your period of authorized Academic Training, you are continuing in your J-1 exchange visitor status and have legal responsibilities. Below is a list of these responsibilities. Please read them carefully and sign the Acknowledgement below that you understand them.

Nondegree students are eligible to participate in academic training, but are also subject to the requirement that time in academic training not exceed the time spent in the program of study [22 C.F.R. § 62.23(f)(4)(ii) ], and that the student be "primarily in the United States to study rather than engage in academic training" [22 C.F.R. § 62.23(f)(3)(i) ].

The responsible officer or alternate responsible shall update the exchange visitor's SEVIS record to reflect the details of any academic training pursuant to § 62.23(f)(5)(i) . An update of the SEVIS record constitutes compliance with § 62.23(f)(5)(ii)

Exchange visitors on academic training also continue to be responsible for notifying their RO/ARO with any change in address, within 10 days of the change.

Exchange visitors on academic training must have medical insurance for sickness or accident during the period of time that an exchange visitor participates in the sponsor's exchange visitor program.

Minimum coverage shall provide:

- (1) Medical benefits of at least \$100,000 per accident or illness;
  - (2) Repatriation of remains in the amount of \$25,000;
  - (3) Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000; and
  - (4) Deductibles not to exceed \$500 per accident or illness.
- (c) Insurance policies secured to fulfill the requirements of this section:
- (1) May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
  - (2) May include provisions for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
  - (3) Must not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.
- (d) Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:
- (1) Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify; or

- (2) Backed by the full faith and credit of the government of the exchange visitor's home country;  
or
- (3) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
- (4) Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

**ACKNOWLEDGEMENT OF RESPONSIBILITIES WHILE ON ACADEMIC TRAINING**

I have read and understand my J-1 exchange visitor status responsibilities while I am on Academic Training.

\_\_\_\_\_  
My signature

\_\_\_\_\_  
My name (please print)

\_\_\_\_\_  
Today's date