

## **ACADEMIC TRAINING (AT) FOR J-1 STUDENTS**

### **INSTRUCTIONS AND APPLICATION**

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#### **General Information:**

Academic Training (AT) is temporary work authorization that allows J-1 students to gain practical experience that is an “integral part of an established curriculum” through practicums, internships or institutionally-sponsored cooperative education (i.e. work done through the Department of Community Partnerships) that take place off-campus. AT may be used full time or part-time but will be deducted as full time from the total of your eligible length of training.

**AT Application is required for any J-1 student who will be engaged in any kind of off-campus work experience that is paid or unpaid. For more information on AT, see below or discuss with your ARO/RO.**

#### **Eligibility:**

- AT is authorized only one semester at a time and cannot be granted retroactively.
- AT can be used *during or after* a student’s study with TCSPP if the student is in J1 status.
- Student must have been in lawful J-1 status for one full academic year (nine months) preceding the AT application.
- AT is limited to the location and dates indicated by an offer letter from the organization where the student will be working. The student must make a new request prior to any changes or modifications in the AT activities.
- AT may not be used in the first semester unless it is mandatory part of your degree program as published in Academic Catalog or your course syllabus.

**Total of 18 months or for a period equal to the length of the study program, whichever is shorter, except that your degree program requires more Academic Training to complete the degree program, but will be deducted from the maximum eligible length of 36 months.**

**Can be extended only for Postdoctoral researchers up to maximum total of 36 months. J1 students may apply for the extension at any time before the expiration of their 18 month academic training as long as the AT has a research component as verified by the faculty advisor on the application form.**

#### **Instructions:**

1. Review this form in its entirety. For questions, contact your Alternative Responsible Officer (ARO) before considering AT.
2. Complete this application, and have your academic advisor or Department Chair sign the application.
3. Obtain an employment letter in your employer’s letterhead and signed by the employer (see sample below) from your employer. The sample below notes items that are required in order for CPT to be authorized.
4. Register for the corresponding CPT course. CPT cannot be issued until you have registered for the corresponding practicum/internship course.
5. Submit all the following documents to your DSO **no later than 2 weeks** prior to your start date:
  - a. Completed application with department signature
  - b. Registration in corresponding Practicum/Internship course for your academic program if this AT is during your study
  - c. Employment offer letter
  - d. Health Insurance Coverage if this is a Post-Study AT
  - e. Financial evidence if this AT is Post-Study at \$2100/month (CHI) or \$2700/month (California and DC) for the duration of the training. If you have a dependent in J2 status, extra \$600/month/dependent should be added. If the employer pays at this amount level, then you do not need to provide financial evidence.

If your application is approved, your ARO will email you to let you know that a new DS-2019 is ready for pick up. The new DS-2019 lists your CPT authorization.

6. Make a copy of your AT DS-2019 and always keep in a safe place. You might need it in the future for other applications.
7. Provide your new employer with a copy of your AT DS-2019 to use for employment verification.

**You cannot begin employment until you have been granted work permission for AT on your DS-2019**

**Employment Letter Sample: SAMPLE – on Company Letterhead**

**SAMPLE ACADEMIC TRAINING LETTER OF OFFER FROM AN EMPLOYER  
(Letter must be printed on employer's letterhead)**

(Company Name)  
(Street Address)  
(City) (State) (Zip Code)  
(Telephone Number)

(Date)

(Student Name)  
(Student Address)  
(City) (State) (Zip Code)

Dear (Student Name)

:

This is to confirm that (Company Name) is offering you employment as a (Job Title) starting (Month) (Day), (Year) and ending (Month) (Day), (Year). This employment will serve as "Academic Training" (During/Following) your (State the Degree Program, i.e. MA Counseling Psychology) at TCSP. The goals and objectives of your training with us will be: (List goals and objectives and specific description of the duties). The location of your training program will be (training address+zip code). Your training supervisor will be (Name), (Title). Contact information is as follows:

(Street Address)  
(City) (State) (Zip Code)  
(Telephone Number) (Fax Number)  
(Email address)

You will be expected to work (XX) hours each week for a salary of (\$\$\$\$). You (will/will not) be provided with access to company benefits.

Sincerely,

(Company Official Name)  
(Company Official Title)  
(Signature)

**ACADEMIC TRAINING (AT) FOR J1 STUDENTS  
APPLICATION AND FORM**

SUBMIT COMPLETED FORM TO:

INTERNATIONAL PROGRAMS AND SERVICES  
[international@thechicagoschool.edu](mailto:international@thechicagoschool.edu)

**DIRECTIONS:** Submit this completed form, along with all documents stated above in the instruction. All students must have registered for the corresponding Practicum/Internship course if this is a pre-completion training.

Biographical Information					
Last Name:		First Name:			
TCSPP Email:		Phone Number:			
Degree Program Status					
Program:			Degree Level:		
I will complete my degree (month/year):					
Employment History					
Are you currently employed on campus?		<input type="checkbox"/> Yes <input type="checkbox"/> No		No. of hrs/week:	
Previous Academic Training used – total number of months:					
Proposed Academic Training					
Exact location for AT must be specified	Name of supervisor:				
	Name of employer:				
	Employer address:				
	City:	State:	Zip:		
	Telephone:	Fax:			
	Email:				
Practicum/Internship job title:					
Start Date:		End date:		No. of Hours/Week:	
<b>** Post-completion Academic Training must begin within 30 days of your program completion date and be a minimum of 20 hours per week</b>					
How is the Academic Training related to your program of study?					
Name and Number of course taken for AT credit-Pre-Completion:					
Semester enrolled in above course: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:					
No. of Hours/Week:					
This CPT (check one):		<input type="checkbox"/> 1. Is a required or <input type="checkbox"/> optional internship/practicum in the student's program <input type="checkbox"/> 2. Fulfills the requirements for a regular course or elective in the student's academic program			

*I plan to be enrolled for the above course during the semester stated above and understand that withdrawal from the course voids the work permission. If my work permission is voided and I continue to work, I understand that will be out of status and my SEVIS record will be terminated. Additionally I verify that I have read the AT application instructions and understand the rules and regulations pertinent to AT. I verify that my health insurance coverage meets the requirement of Department of States.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Academic Advisor:** I attest that the student's proposed AT is an "integral part" of the student's academic program and recommend the above student for AT authorization for the stated dates and location. *Advisor: If you have questions or need further information, please contact your campus ARO.*

ADVISOR NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY: To Be Completed by DSO**

**Application Checklist**

**DATE RECEIVED:** \_\_\_\_\_

- Student is in Valid J-1 Status (Registered Full-Time)
- Student has Valid Passport in CampusVue
- Student has been engaged in Full-Time Study for One Academic Year (Fall & Spring Terms) and/or internship/work is required of course
- AT Course Enrollment in CampusVue
- Student has submitted complete and correct application signed by department
- Student has submitted complete and correct employment letter

**All Materials are present and complete.** \_\_\_\_\_ (date and sign)

**Post-AT I-20 Generation**

- \_\_\_\_\_ Notify via email DS-2019 is ready for pick up
- \_\_\_\_\_ Have Student Sign New DS-2019 (Pages 1)
- \_\_\_\_\_ Copy DS-2019 After Student Signs
- \_\_\_\_\_ Give Student New DS-2019
- \_\_\_\_\_ Scan DS-2019 in CampusVue under 'DS-2019: EMPLOYMENT NAME'
- \_\_\_\_\_ Shred copy