

## J-1 STUDENT: ACADEMIC TRAINING REQUEST FORM FOR EAP RECIPROCIITY

**OVERVIEW:** Academic Training is a type of work authorization that is a benefit of J-1 college and university students. The purpose is to gain skills and training in their field of study, as well as further their cultural experience in the U.S.

The University of California, Santa Barbara Office of International Students & Scholars requires that all J-1 students complete this form and provide specific supplemental documents to apply for Academic Training authorization in order to be in compliance with the U.S. Department of State's guidelines for sponsoring a J-1 student.

Once the form has been completed, the student must submit this form and all supplemental documentation to OISS for processing and at least two weeks before completing their program of study.

If you have any questions about this form or required application materials, please contact OISS directly at: (805) 893-2929 or [OISS@sa.ucsb.edu](mailto:OISS@sa.ucsb.edu)

### SECTION 1: TO BE COMPLETED BY STUDENT

#### PART A: Personal, Academic, and Training Information

Please ensure that this information matches your DS-2019 and the information provided on your job offer.

Name: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
*Family/Primary Name* *First/Given Name* *Middle Name*

SEVIS ID: \_\_\_\_\_ PERM #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Level of Study: EAP Non-Degree Major on DS-2019: \_\_\_\_\_

Current DS-2019 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Quarters at UCSB: \_\_\_\_\_

Expected Program Completion Date: \_\_\_\_\_

Have you ever applied for a waiver of the two-year home residency requirement?  No  Yes

(If yes, please attach a copy of the recommendation and/or approval notice)

I am applying for:  Pre-Completion Academic Training (less than 20 hours per week)  
 Post-Completion Academic Training (more than 20 hours per week)

Job Title or Position: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Street

City

State

Zip Code

Supervisor's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Dates of training: From \_\_\_\_\_ To \_\_\_\_\_

Salary: \_\_\_\_\_/month \*Note: Funding must exceed \$2400 per month during your training program. If the salary is less or the position is unpaid, please attach proof of sufficient funding to your application.

What are the goals and objectives of the specific training program?

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How does the training relate to your major field of study?

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Why will the training enhance your academic program, or is the training an integral or critical part of your academic program?

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How will this training in the U.S. contribute to your field of study in your home country?

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How will you continue your cultural exchange during this training?

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(Please attach additional pages if more space is needed)

### PART B: Student Academic Training Agreement

I, \_\_\_\_\_, agree to the following conditions during my Academic Training authorization period:  
Student's Full Name

- To not begin working at the above mentioned company/institution before I receive a new DS-2019 and authorization letter from OISS and the authorization start date is valid
- To continue to maintain good academic standing in my UCSB classes and understand that my coursework needs to remain a priority
- To maintain adequate health insurance throughout my training period as outlined on the OISS website and understand it is my responsibility to ensure my insurance meets these minimum requirements:  
<http://oiss.sa.ucsb.edu/scholars/prospective-j-1-scholars/insurance> **NOTE: Garnett Powers & Associates insurance waivers are NOT available for J-1 students before, during, or after Academic Training.**
- To update the UCSB OISS with any changes in my name or address within 10 days of the change
- To report any termination of employment immediately to OISS
- To request a change in employment, to end employment early, or to extend employment within TWO WEEKS of the requested change date AND before my DS-2019 end date or Academic Training end date
- To not engage in any unauthorized employment in the U.S.
- To submit my Academic Training completion form to OISS within 30 days of finishing my training
- To leave the U.S. within the 30 day grace period following the end of my program

\_\_\_\_\_/\_\_\_\_\_  
Student Signature Date

**SECTION 2: TO BE COMPLETED BY THE EMPLOYER**

Thank you for your interest in hosting one of our J-1 students at your company/institution! Once we have received this student's application for Academic Training, you will receive an e-mail from an International Student Advisor in our office (OISS). The e-mail will put you in contact with our office in case you have any questions before, during, or after this student's Academic Training.

Please review the information that the student has provided in Section 1 of this form to ensure accuracy.

**PART A: Employer Information**

What training will the student go through to ensure success (such as orientation, equipment training, observation, etc)? If you already have a formal training plan established, please attach a copy.

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List events that your company/institution host that will allow this student to further continue their cultural exchange? (For example: socials, happy hours, luncheons, conferences, university events, etc)

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What contributions do you hope this student will make to your company/institution?

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**PART B: Employer Agreement**

By signing this form, I, \_\_\_\_\_, representing \_\_\_\_\_ certify that I have reviewed the information  
*Signees Full Name* *Company/Institution Name*  
 provided in Section 1 of this form, and agree to the following conditions in support of \_\_\_\_\_'s Academic  
 Training at our company/institution: *Student's Full Name*

- To review the student's DS-2019 and Academic Training authorization letter from OISS before letting them begin employment
- To ensure adequate training and supervision to the above mentioned student during the training
- To ensure the student's supervisor is accessible and provides mentorship to the student during the training
- To offer the student opportunities to attend company events that will help further their cultural exchange
- To notify UCSB's OISS of any change in the students employment status, including termination, ending the training early, change in supervisor, request to extend the training, etc

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signee Signature / Date / Title

\_\_\_\_\_/\_\_\_\_\_  
 Phone / E-mail

**SECTION 3: TO BE COMPLETED BY THE EAP ADVISOR**

As this student's EAP Advisor, I approve of the amount of time requested as necessary to complete the goals and objectives of the training. I recommend employment authorization for this student to participate in the Academic Training program described above and in the job offer letter provided.

EAP Advisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

EAP Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS AUTHORIZATION**

Approved  Denied ARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_