Academic Training Application for J-1 Students

Name: ___________________________ Family: ___________________________ First: ___________________________

UW ID#: ___________________________ Gender: □ Male  or □ Female

E-mail: ___________________________ Daytime Phone: ___________________________

Major(s): ___________________________

Degree Level: ___________________________

Expected degree completion date: ___________________________ Month/Day/Year

I □ will  or □ will not need to extend my DS-2019. Academic Training end date: ___________________________

Are you an Exchange Student? □ Yes  □ No

If you are on an official exchange program between your home college/university and the UW, please complete this blank by indicating the date your current DS-2019 expires.

Please list any previous authorizations for Academic Training: ___________________________ Begin Date/End Date

Attach the following documentation:

✓ Completed Academic Advisor or Exchange Coordinator Form (included in this packet).
✓ Completed Employer Form (included in this packet).
✓ Financial Support Documentation

Only required for Academic Training following program completion. Salary information, as listed on the Employer Form or offer letter, is sufficient. Academic Training must be paid post-completion, with the possible exception of exchange and home government sponsored students (see an ISS advisor).

You must meet with an ISS advisor at the time of application submission for AT authorization.

Date reviewed with ISS advisor: ___________________________ By: ___________________________ Month/Day/Year

Next Steps:
After submitting the completed application to ISS, our office will review your eligibility and, if appropriate, write an Academic Training work permission letter for you. You will then need to submit a copy of the letter to your employer verifying your eligibility to work in the United States.

Note:
✓ ISS can only grant Academic Training to J-1 students who are sponsored by UW-Madison Exchange Visitor Program No. P-1-00105 (see box 2 of your DS-2019). If you are sponsored by another institution, you must receive permission from them to work.
✓ If you have a financial sponsor other than the UW (such as your home government), you should consult with them prior to applying for Academic Training. The agreement you have with your financial sponsor may not allow participation in Academic Training.

Signature: ___________________________ Date: ___________________________

Revised 1/06

International Student Services, Offices of the Dean of Students, UW-Madison www.intstudents.wisc.edu
217 Red Gym  716 Langdon Street  Madison, WI 53706  Phone: 608.262.2044  Fax: 608.262.2838
Form to be Completed by the Academic Dean or Advisor for J-1 International Student Academic Training Application

The following information is required before Academic Training will be approved by ISS according to the Federal Code of Regulations [22 CFR 514.23(f)(5)(i)]. You can recommend Academic Training by completing this form or submitting a department letter which includes all information requested below.

Student Name: ___________________________________________________________  Family       First

Expected program completion date: ________________________________

Please indicate the level of progress this student is making toward his/her educational objective:

Describe how the Academic Training relates to the student’s major field of study and why it is an integral or critical part of the academic program. Please include specific goals and objectives. If available, attach program description.

Number of hours student will work per week: _____; □Full-time or □Part-time (during semester only).

Employment to begin on _______ and end on _______. (Dates from Advisor and Employer need to match.)

□Length of employement may not exceed amount of time spent in study or 18 months, whichever is less. Ph.D. students may be able to participate in an additional 18 months; student should consult ISS.

For ISS Use Only

Advisor Review

Maintained full time status

□Yes  □No

AT record checked

□Yes  □No

Write Authorization Letter

□Yes

Pre-completion AT

☐ Add Employer Address as a site of activity

☐ Add AT in RTI, Save DS-2019 in Do

☐ Add New Work Authorization on Work Auths Tab

Post-completion AT

☐ Financial support sufficient

☐ Extend (or shorten, if applicable) the end date to last day of employment

☐ Change Site of Activity to Employer Address

☐ Add AT in RTI, Save DS-2019 in Docs

☐ Add New Work Authorization on Work Auths Tab

☐ Make new dependent docs

Complete OPT Log

☐ Yes

“RED DOT” the file for students working after degree completion

☐ Yes  □N/A

Dispatch

☐ E-mail student for pick-up.

☐ Log out of fsa as completed task.

Number of hours student will work per week: _____; □Full-time or □Part-time (during semester only).

Employment to begin on _______ and end on _______.

☐Length of employement may not exceed amount of time spent in study or 18 months, whichever is less. Ph.D. students may be able to participate in an additional 18 months; student should consult ISS.

Academic Dean or Advisor Name: ____________________________________________  Signature: __________________________  Date: __________

E-mail: ___________________________ Phone: ___________________________

Campus Address: ___________________________

Please return this completed form to the student. Student will submit to ISS for processing.

Revised 1/06

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Form to be Completed by the Employer 
for J-1 International Student Academic Training Application

Note to Employer: Please fill out this form or submit a letter of offer on company letterhead containing all the information requested below. This student may not begin working until s/he has received written authorization from International Student Services to participate in Academic Training.

Student Name: _______________________________  Family  ____________________  First  ____________________

Name of Company: ________________________________

Company Address: _______________________________________________________
                                                                                   _______________________________________________________
                                                                                   _______________________________________________________

Name of Contact Person: ________________________________________________________

E-mail: _______________________________  Phone: _______________________________

Employment to begin on _______ and end on _______.  
(Dates from Advisor and Employer need to match.)

Number of work hours per week: _______ ;  □ Full-time  or  □ Part-time;  □ Paid  or  □ Unpaid.

Rate/Salary: _______________________________

✓ Attach complete position description.

Employer Name  _______________________________  Signature  _______________________________  Date  _______________________________

E-mail: _______________________________  Phone: _______________________________

Please return this completed form and attached position description to the student.  
Student will submit to International Student Services for processing.