ACADEMIC TRAINING INFORMATION PACKET

I. QUALIFICATIONS: A student who possesses J-1 status; is categorized as an Exchange Visitor student on the DS-2019 form (Certificate of Eligibility for Exchange Visitor Status); and the DS-2019 form lists George Mason University as the sponsor may request to receive Academic Training permission from the Office of International Programs and Services (OIPS).

II. DEFINITION OF ACADEMIC TRAINING: The purpose of such training is to allow an Exchange Visitor Student to obtain, either during or immediately following formal studies, practical experience which compliments, and is an integral part of, the individual’s education in the United States.

III. TYPES OF ACADEMIC TRAINING: Federal Regulations establish the guidelines for Academic Training and divide the training into two categories:

   a. Non-paid Academic Training: According to 22 CFR 62.23(f)(1), “[a] student may participate in Academic Training programs during his or her studies, without wages or other remuneration, with the approval of the Responsible Officer and the Academic Dean or Advisor.”

   b. Paid Academic Training: A student may be authorized to participate in Academic Training programs for wages or other remuneration during the course of study, or beginning not later than thirty (30) days after the completion of study. Authorization from the Office of International Programs and Services—with the recommendation of the Academic Dean or Advisor— is required by law.

IV. CRITERIA FOR ACADEMIC TRAINING: 22 CFR 62.23(f)(3) establishes criteria for OIPS to follow in authorizing Exchange Visitor Students to participate in Academic Training. For this reason, the student must:

   a. Be in the United States primarily to study rather than engage in Academic Training
   b. Request authorization for participation in Academic Training that is directly related to the student’s major field of study at George Mason University
   c. Be in good academic standing at George Mason; and
   d. Receive written approval in advance from OIPS for the duration and type of Academic Training
   e. Provide proof of health insurance that meets the J visa requirements for themselves and any J-2 dependents for post-completion Academic Training
   f. Agree to complete the Academic Training Evaluation form along with their supervisor and submit to OIPS

V. TIME LIMITATIONS FOR ACADEMIC TRAINING: An Exchange Visitor Student may, with the approval from the Responsible Officer in OIPS and the Academic Dean or Advisor, be authorized to participate in Academic Training after one year in their degree program. Academic Training can last for the length of time necessary to complete the goals and objectives of the training, subject to the following conditions:

   a. For undergraduate and pre-doctoral training, the TOTAL length of Academic Training may not exceed eighteen (18) months or the length of the full course of study in the United States, whichever is less. In authorizing Academic Training, OIPS is required to deduct from the maximum allotment for which an Exchange Visitor Student is eligible (usually 18 months) any previous period of Academic Training. For example, if the student has participated in Academic Training for six (6) months during the course of studies, the student may receive authorization for a maximum of one (1) year of Academic Training after completion of the program/degree. The student is urged to consider this requirement, and the future limitations it imposes, when requesting authorization for pre-completion Academic Training.
b. For postdoctoral training, the period of Academic Training may not exceed a total of thirty-six (36) months (or the period of the full course of study in the United States, whichever is less), including any prior Academic Training in the United States as an Exchange Visitor.

c. Non-degree students are eligible to participate in Academic Training after one semester. However, the time of Academic Training cannot exceed the period of study at GMU.

VI. **ITEMS NEEDED TO RECEIVE ACADEMIC TRAINING:** In order to request authorization to engage in Academic Training, the student must first obtain the following items:

a. A letter from the employer, outlining the specifics of the job; the title, hours, and a brief description of the work and how it critically relates to the student’s field of study. The estimated percentage of time the student will spend on non-substantive tasks during the Academic Training should be noted. Please be certain it lists the supervisor’s name, email, direct phone number and the address of the Academic Training location. The employer should note how much the student will be paid if paid Academic Training. Please note that students interested in post-completion Academic Training must receive a salary or wage that meets the current minimum cost of living estimates detailed in the Certificate of Eligibility on the OIPS website.

b. A letter from the Academic Dean or Advisor. First, make an appointment to present the job offer letter to the Academic Dean or Advisor. If the Academic Dean or Advisor wishes to recommend Academic Training, he or she should write a letter of recommendation (or use the attached recommendation form) to the Assistant Director for Faculty and Exchange Visitors in the Office of International Programs and Services, which includes:

i. The goals and objectives of the specific Academic Training program

ii. A description of the Training program, including its location, the name and address of the Training supervisor, and number of hours per week and dates that the student will work.

iii. How the Training relates to the student’s major field of study

iv. Why the training is an integral or critical part of the academic program

c. Make an appointment to speak with a J-1 OIPS Advisor and bring the appropriate documentation to the meeting, which consists of:

i. Letter from employer (as described above)

ii. Letter of recommendation or recommendation form from Academic Dean or Advisor

iii. DS-2019, I-94 and passport

The Responsible Officer will make a determination as to the appropriateness of the Academic Training that is proposed. If appropriate, the Responsible Officer will write a letter to the proposed employer authorizing work. A copy of the letter will be kept in the student’s file. The length of employment and hours of employment will also be determined by the Responsible Officer at the time of granting Academic Training. Both student and supervisor must agree to complete the required Academic Training Evaluation Form located on the OIPS website. **Employment can begin only after the student has been given permission and the employer has been informed.** Students who have questions about Academic Training should call, or make an appointment with a J-1 advisor in OIPS.

**PLEASE ALLOW AT LEAST THREE WEEKS FOR ACADEMIC TRAINING REVIEW AND APPROVAL**
Academic Training Sample Offer Letter

[Date]
[Student’s Name]
[Student’s Address]

RE: [Name of Company]’s offer of Employment to You

Dear [Student’s Name]:

This is to confirm that [Name of Company] is offering you employment as a [Title of Position] for [X] months beginning on [Date] and ending on [Date]. This employment will serve as “academic training” [pick one: following or in concurrence with] your degree program at George Mason University. The location of employment will be [name of location and address]. Your training supervisor will be [Name of Supervisor], [Title of Supervisor]. Your supervisor can be reached at: [email address and direct phone number]. You will be expected to work full/part time and will be paid an annual salary of $[salary].

The duties of your position will be as follows:

[Insert duties]

We estimate that during your time here, you will be required to spend [fill in the blank] percentage of your time on duties that would be non-substantive to your Academic Training Placement. These non-substantive duties would be:

[Insert non-substantive duties]

Welcome to [Name of Company].

Sincerely,

[Signer’s Name]
[Signer’s Title]

[Employer’s Name and Address, Telephone and Email Contact Information]
The Academic Dean or Academic Advisor’s Recommendation is a requirement to grant off-campus work permission for Academic Training either during or after completion of studies. A letter of recommendation on department letterhead is required or you may also choose to complete the Recommendation Form below. Only the advisor or dean should complete this form in its entirety.

**Academic Training Recommendation Form**

**Student’s Name:**

________________________________________

**Student’s Field of Study:**

________________________________________

**Program Completion Date:**

________________________________________

**Date Listed above Is (check one):**

- Thesis defense date
- Graduation
- Last day as registered student
- Other (explain) ____________________________

1. **Description of the AT:**

   Employer: _________________________________________________________________

   Location: __________________________________________________________________

   Job Title: __________________________________________________________________

   Number of Hours per Week: ______

   Date of AT: From __________ to __________

2. **How does the Training relate to the student’s major field of study at GMU?**

   ____________________________________________________________

3. **How is this training an integral or critical part of the academic program of the student?**

   ____________________________________________________________

I certify that the above employment is related to the student’s field of study at GMU, and recommend that you authorize Academic Training.

Signature: _______________________________ Date: ____________________________

Print name and Title:

________________________________________

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The purpose of Academic Training is to allow the student to obtain, either during or immediately following formal studies, practical experience which compliments, and is an integral part of, the individual’s education in the United States. “The sponsor must evaluate the effectiveness and appropriateness of the academic training in achieving the stated goals and objectives in order to ensure the quality of the academic training program.” [22 CFR 62.23(f)(6)]

Name of Student: ________________________________

Dates of the Academic Training: ___________ Location: ______________

Description of the Academic Training position: _______________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Goals of the Academic Training: __________________________________________________

To be completed by student

1. Has your Academic Training met the goals of your program of study? Yes ☐ No ☐

2. What aspects of your Academic Training were the most beneficial for you?
________________________________________________________
________________________________________________________

3. Do you think your Academic Training will help you in your studies and future career? Yes ☐ No ☐

Signature of student: ___________________________ Date: _____________________

To be completed by supervisor

1. Was the student’s preparation adequate for the Academic Training? Yes ☐ No ☐

2. Did the program meet the student’s Academic Training goals? Yes ☐ No ☐

Comments: ___________________________________________________________________
____________________________________________________________________________

Signature of supervisor: ___________________________ Date: _____________________

Please send a scanned copy to oips@gmu.edu or ichizhov@gmu.edu

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