Dear J-1 Student:

Academic Training (AT) is off-campus work authorization that is directly related to your George Mason University (GMU) field of study and courses. AT is available during and immediately following completion of your program at GMU. In order to qualify for AT, you must first obtain written approval from the J-1 Responsible Officer (RO) who represents your Exchange Visitor Program Sponsor. The RO must evaluate the proposed AT in terms of your program of study and decide whether it would be appropriate or not [22 CFR 62.23(f)(5)(ii)].

AT should:

1) "consist of bona fide training activities that are connected to a substantial academic framework and are designed to expose participants to the operations of their field."
2) "prioritize academic objectives and are not driven by the labor needs of a host organization"
3) AT positions should be "primarily substantive roles (e.g., shadowing managers, participating in project design, management, or event planning) that involve no more than infrequent non-substantive tasks."
4) AT must follow all other J-1 regulations.
5) Self-employment and remote work would not be appropriate for AT.

TYPES OF ACADEMIC TRAINING:

Federal Regulations establish the guidelines for two categories of AT:

1) Non-paid Academic Training: “A student may participate in academic training during his or her studies, without wages or other remuneration, with the approval of the RO and the Academic Dean or Advisor [22 CFR 62.23(f)(1)].

2) Paid Academic Training: 22 CFR 62.23(f)(2), “a student, may be authorized to participate in an academic training for wages or other remuneration during his or her studies or commencing not later than 30 days after completion of his or her studies, if the criteria, time limitations, procedures, and evaluations are satisfied.”

CRITERIA FOR ACADEMIC TRAINING:

22 CFR 62.23(f)(3) establishes criteria for authorizing Exchange Visitor Students to participate in AT. The student must:

1) Be in the United States primarily to study rather than engage in AT.
2) Request authorization from the Responsible Officer for participation in AT that is directly related to the field of studies on their DS-2019.
3) Be in good academic standing at GMU.
4) Receive written approval in advance from the RO for the duration and type of AT. **You cannot begin AT under any circumstances until you have been authorized. Working without authorization is a serious violation of your legal status in the United States.**
5) Provide proof of health insurance that meets the J visa requirements for post-completion AT (and for accompanying J-2 visa holders, if applicable)
6) At the end of your AT, complete the AT Evaluation Form and submit to RO.
CONDITIONS AND LIMITATIONS:

1) All AT is deducted from the total amount of AT allowed at a full-time rate. During the program, AT cannot interfere with or delay your studies.

2) Earning more than one degree does not increase your eligibility for more AT. AT is cumulative. For example, if you use 6 months of AT after a bachelor’s degree, you have 12 months of AT eligibility remaining if you pursue a Master’s degree.

3) Throughout your AT, you must maintain legal J-1 status in the United States. This includes, but is not limited to, applying for extensions of your DS-2019 before the program end date, and maintaining health insurance for yourself and any J-2 dependents.

4) AT authorization is limited to the total period of study for the program or 18 months, whichever is shorter, except for students who complete PhD programs.

5) Students who complete PhD programs are eligible for an additional 18-month period (beyond the first 18 months) for a total of up to 36 months. A new DS-2019 form must be issued for the second 18-month period.

6) Degree seeking students may participate in AT after one year in their program.

7) Nondegree students are eligible to participate in AT after completing one semester at GMU. They are also subject to the requirement that time in AT does not exceed the time spent in the program of study (enrolled in classes) and that the student is "primarily in the United States to study rather than engage in AT" [22 CFR 62.23(f)(3)(i)].

8) AT following completion of your program of study must be paid employment.

9) Please submit the complete application to OIPS at least 3 weeks before you plan to start AT. AT cannot be authorized after the DS-2019 has expired. If you leave the US after completing your studies without applying for AT, you are no longer eligible to apply.

APPLICATION PROCESS & DOCUMENTS:  Apply as soon as you receive the job offer. Complete the following steps:

STEP 1: Obtain an Offer Letter from Your AT Employer. If your offer letter does not include all of the details listed below, you will need to request another letter from your employer.

a. your job title
b. description of the “goals and objectives” of your employment;
c. the dates and the accurate location of the employment, the number of hours per week
d. the compensation amount;
e. the name, address, email and direct phone number of your AT supervisor

STEP 2: Obtain Recommendation of the Dean or Academic Advisor [22 CFR 62.23(f)(4)(i)]. FORM ATTACHED.

You must have a letter of recommendation from the academic dean or advisor that includes the following [22 CFR 62.23(f)(5)(i)]:

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a. The goals and objectives of the specific academic training program;
b. A description of the academic training program, including its location, the name and address of the training supervisor, number of hours per week, and dates of the training;
c. How the academic training relates to the student’s major field of study; and
d. Why it is an integral or critical part of the academic program.

**STEP 3:** Make an appointment with RO or ARO and bring the following:

a. Letter from employer (as described above)
b. Letter of recommendation or recommendation form from Academic Dean or Advisor
c. DS-2019, I-94 and passport

**STEP 4:** RO will decide on the appropriateness of the AT [22 CFR 62.23(f)(5)(ii)] after reaching out to the employer. If approved, student will pick up from OIPS an Employment Authorization Letter and a revised DS-2019 with added academic training.

**STEP 5:** Student and Supervisor completes the Academic Training Evaluation Form and submits to OIPS at the end of the Academic Training.

**OTHER IMPORTANT INFORMATION:**

**Employment Eligibility Verification (Form I-9).** You must complete a form entitled “Employment Eligibility Verification” (IRS Form I-9) for your Academic Training placement. This verifies your eligibility to work in the U.S.

**Social Security Number (SSN).** For payroll purposes, you will also need to provide your SSN. If you do not already have a SSN, take your passport, I-94 record, Form DS-2019 to the Social Security Administration and apply for a Social Security card.

**Travel and Re-entry to U.S. during AT.** Readmission to the U.S. as a J-1 student on AT is at the discretion of the Customs and Border Patrol officer at the U.S. port of entry. Students must consult the Office of International Programs and Services PRIOR to travel to discuss the RISKS.
Academic Training Sample Offer Letter

The employer should print on official letterhead

[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 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 (list number of hours per week) and will be paid an annual salary (or hourly wage) of $[salary].

Description of the proposed academic training: [Insert description]
The duties of your position will be as follows: [Insert duties]

Considering that [Name of Student] is pursuing a degree in [Student’s Field of Study] this position is critical to their program because [complete with reasons why position is integral to their studies].

We estimate that during academic training, you will be required to spend [fill in the blank] percentage of your time on non-substantive duties related to your academic training placement or on unskilled tasks. 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]

***VERY IMPORTANT: PLEASE DO NOT DESCRIBE THE ACADEMIC TRAINING AS AN INTERNSHIP. THERE IS A SEPARATE PROGRAM FOR INTERNS. DUE TO GUIDANCE FROM THE DEPARTMENT OF STATE, WE CANNOT ACCEPT OFFER LETTERS THAT DESCRIBE ACADEMIC TRAINING AS AN INTERNSHIP***
Academic Training Recommendation Form

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.

Student Completes This Section:
Student’s Name and G#

______________________________________________________________

Student’s Field of Study:  Program Completion Date:

______________________________________________________________

1. Have you participated in academic training before?  Yes ☐  No ☐

Please list dates of any previous Academic Training:

______________________________________________________________

By signing below, I confirm that I am requesting academic training authorization and all of the information I have provided is complete and accurate to the best of my knowledge.

Signature: __________________________ Date: __________________________

Academic Advisor or Dean Completes This Section:

1. Description of the AT:

Employer: _______________________________________________________________
Location: __________________________________________________________________
Job Title: __________________________________________________________________
Number of Hours per Week: ______
Date of AT:  From __________ to __________

2. What are the goals and objectives of the Academic Training?

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

4. 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 the Academic Training.

Signature: __________________________ Date: __________________________

Print name and Title: ______________________________________________________

___________________________________________________________
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**

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

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

_____________________________________________________________________________

_____________________________________________________________________________

4. 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 cbodziak@gmu.edu or ichizhov@gmu.edu