# J-1 Exchange Visitors

**Students**

**Academic Training Request (AT)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SEVIS ID#:</th>
<th>N00 ____ ____ ____ ____ ____ ____</th>
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<tbody>
<tr>
<td>E-mail:</td>
<td>UTEP ID:</td>
<td>8 ____ · ____ ____ ____ ____</td>
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<thead>
<tr>
<th>Requested Start Date:</th>
<th>Requested End Date:</th>
<th>Requested AT Type:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>□ Pre-completion</td>
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<tr>
<td></td>
<td></td>
<td>□ Post-completion</td>
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**Requested Hours per Week:**

To find out more about Academic Training please refer to our website: [http://sa.utep.edu/oip/j-1-employment-options/](http://sa.utep.edu/oip/j-1-employment-options/)

## Eligibility

- You must be in J-1 status for at least one semester prior to engaging in AT.
- The AT must be directly related to your major field of study and you must be in good academic standing.
- You must receive written approval in advance from OIP for the duration and type of AT before you begin employment.
- If your Post Completion AT is unpaid or does not meet the funding requirements in the amount of $18,759/year or $1,564/month, you will need to submit additional funding in the form of a bank statement. J-1 students with dependents will need to provide an additional $4,290 per dependent (yearly amount).

## Application Deadline

**Pre-completion AT:** At least two weeks BEFORE proposed AT begin date.

**Post-completion AT:** After census day of your final semester to at least two weeks BEFORE the end of the 30 day grace period.

**AT Extension:** At least two weeks BEFORE your current AT expiration date.

## Application Instructions

1. Complete this request form and obtain the required signatures.

2. Attach a job offer letter on company letterhead which provides the following information:
   - Employer name and full address (including street, city, state, and zip code)
   - Supervisor name, phone number and e-mail address
   - Whether the academic training experience will be part time (≤20 hours/week) or full time (>21 hours/week)
   - Begin and end dates of academic training experience listed as month/date/year
   - Total amount of salary or stipend if offered
   - Brief job description

3. Attach a copy of your current health insurance that meets the minimum Department of State health insurance requirement for J visa holders. The health insurance should cover the duration of your AT request or at least one year.

4. For Post-completion AT applicants ONLY: Attach additional funding documentation if the compensation in the offer letter does not meet the J-1 funding requirements.

5. Pick up your new DS-2019 with AT authorization after 5 working days in OIP at the front office provided that your AT has been approved and there are no delays or problems with your request. You will receive a confirmation email after your AT has been processed.
UTEP Academic Advisor Recommendation (Undergraduate & Graduate)
Required for both Pre and Post Completion Academic Training Requests

Advisor’s Name:  Major/Department:

Phone Number:
Email Address:

Please describe how the Academic Training proposed above is related to/integral to student’s program of study, and the goals and objectives of the training:

Advisor’s Signature: __________________________ Printer Name: __________________________ Date: ____________

Required Signatures below for ONLY Graduate Pre-Completion Academic Training Request

As the academic representative for the student mentioned above, your role is to confirm that the student’s proposed work experience is integral to her/his program of study and to the curriculum of your department or the student’s degree. This certification will remain in the student’s file, and enable the Office of International Programs to authorize the student’s off-campus employment under the Pre-Completion Academic Training Program.

Department Chair Signature: __________________________ Printer Name: __________________________ Date: ____________
Academic Dean Signature: __________________________ Printer Name: __________________________ Date: ____________
Graduate School Signature: __________________________ Printer Name: __________________________ Date: ____________

For OIP Office Use Only:

Overall GPA:  Major in BANNER:  
Graduation Date in BANNER:  Accumulated AT to date: 

Term: _____ Hours:  Term: _____ Hours:  Term: _____ Hours:  Term: _____ Hours:  

Term: _____ Hours:  Term: _____ Hours:  Term: _____ Hours:  Term: _____ Hours:  

Start Date of DS-2019:  End Date of DS-2019: 

☐ Student meets funding requirements?  
☐ Passport and DS-2019 valid?  
☐ Confirmation of J-1 Health Insurance for duration of AT or for at least one year?

Date of completion: ____________  RO/ARO Signature: __________________________