

J-1 Academic Training (AT) Request Form

All fields on this form are required. Submit the application for AT to BIO at internationaloffice@berkeley.edu at least 5 business days before the employment start date, completion of the academic program, or the expiration of your DS-2019. AT authorization **will NOT be backdated**. Beginning work without authorization is a serious violation of status. **INCOMPLETE AT applications** will result in **DELAY/DENIAL** of requested AT. See [eligibility criteria and length of available AT on the BIO AT webpage](#).

To request an Academic Training DS-2019, you must submit **ALL OF THE FOLLOWING** to Berkeley International Office:

- **This form** completed and signed by you and your Academic Advisor (original signature required).
- **Employer Verification Letter.** Instructions on template, page 4. Applications with a missing verification letter or with mismatching information on the form and letter will be DENIED.
- **Post-Completion AT financial documents** showing at least \$2,400/month (undergraduate students) or \$2,800/month (graduate students). If applicable, additional funding proof for dependents at \$1000/month for spouse and \$1000/month per child for the duration of the requested AT period. Salary information from paid job may be used as proof of funding.
- **Post-Completion AT Services Fee:** See the *Instructions for Requesting Academic Training*, Step 3 on the [BIO AT webpage](#).
- **Copy of previous NON-UC BERKELEY Academic Training DS-2019-** BIO will need to review all previous AT use, even at other schools.

Student Information

Last Name:	First Name:	Today's Date:
Telephone:	Email:	Program Completion Date:
Student ID Number:	Current DS-2019 End Date:	Previous Academic Training Used AT UC Berkeley or another school (total number of months):
UC Berkeley Major or EAP field of study:		Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD/Doctoral <input type="checkbox"/> EAP
Which type of Academic Training are you applying for? <input type="checkbox"/> Pre-completion (You will not have completed your program before your AT start date) <input type="checkbox"/> Post-completion (You will have completed your program by your AT start date)		
AT In- Person Work Requirements, Changes & Evaluation Agreement. I AGREE TO ALL OF THE FOLLOWING: <input type="checkbox"/> This AT experience is PRIMARILY IN PERSON and I will NOT work remotely more than 40% of the time (e.g 2 out of 5 days/week) <input type="checkbox"/> I will report any change in my AT employment to BIO. Any changes, extensions, or new employer will require a new AT form <u>in advance</u> . <input type="checkbox"/> I know that employment not matching the exact authorized AT employer, location, length, hours per week is a serious violation of J-1 status. <input type="checkbox"/> Pre-completion AT: I will update my LOCAL US address/contact information online via Cal Central <input type="checkbox"/> Post-completion AT: I will update my US address/contact information online on the BIO SSU Hub <input type="checkbox"/> At the end of my AT, I will submit a Final Evaluation of my AT experience online through the BIO SSU Hub		
Health Insurance Agreement <input type="checkbox"/> During my AT period I will be covered by health insurance that fully meets the J-1 requirements for myself and any J-2 dependents for the full length of my stay in the U.S. I understand that failure to do so is a violation of J Exchange Visitor status and would lead to termination of my Exchange Visitor program and my right to stay in the U.S. I confirm that my insurance and that of any J-2 dependents meets the J student insurance requirements found at https://internationaloffice.berkeley.edu/students/current/j-1/insurance		
Name of J-1 Insurance Provider(s) for full AT period:		
Name of J-2 Insurance Provider(s) for full AT period:		

Employment Information

This information **MUST MATCH** your Employer Verification Letter **EXACTLY** or your request will be **DELAYED OR DENIED**.

Name of Employer (Company Name):		Student's Job Title:	
Company Address:	City:	State:	Zip code:
<ul style="list-style-type: none"> • Is this your primarily physical work location? <input type="checkbox"/> Yes <input type="checkbox"/> No* • Will you also work remotely? <input type="checkbox"/> Yes** <input type="checkbox"/> No <p>* Your Employer Verification letter MUST INCLUDE your Physical Site(s) of Activity ** Your Employer Verification Letter MUST INCLUDE your Remote Worksite location. NOTE: AT work must be PRIMARILY IN PERSON and I will NOT work remotely more than 40% of the time (e.g 2 out of 5 days/week)</p>			
*Hours Per Week:	*Start Date:	End Date:	Total Compensation:

*Post-completion Academic Training must begin within 30 days of your program completion date and be a minimum of 20 hours per week.

Academic Adviser's Recommendation

J-1 Academic Training (AT) is training related to a student's field of study and requires goals, objectives and a clear explanation of how the training is integral or critical to the student's academic program of study.

STUDENTS- Altering or making changes to your AT Form *after you receive* your Academic Adviser's approval/signature may cause you to be subject to a Student Conduct process.

This section must be completed by your academic adviser.

EAP = College Adviser; Undergrads = Major Adviser; Graduates = Graduate Student Affairs Officer/Faculty Adviser

Describe the academic goals and/or objectives of the student's Academic Training experience:		
Explain how this Academic Training experience directly relates to the student's current UC Berkeley degree or Education Abroad Program (EAP) field of study:		
Explain why this Academic Training experience is an integral or critical part of the student's academic program:		
<input type="checkbox"/> <i>I confirm that I have reviewed and approve the Academic Training Plan as described in this form.</i>		
<input type="checkbox"/> <i>If the student is applying for Post-Completion Academic Training, I also confirm the student will have completed all degree or program requirements by the start of the AT period.</i> <ul style="list-style-type: none"><i>If the student is applying for Post-Completion Academic Training, but still requires thesis/dissertation completion, please provide the expected thesis/dissertation filing date:</i>		
Adviser Name:	Title:	Department:
Adviser's Signature:	Date:	Adviser Email:

J-1 Academic Training Verification Letter

Copy ALL TEXT below and print on Employer's Business letterhead. Completed letter must include all text and provide completed answers to 1-13 (14-16 as needed.)

[Date]

To Berkeley International Office:

This letter is to certify the following J-1 student's participation in a J-1 Academic Training work-based learning experience. The Employer agrees to provide the student an educational work-based learning experience directly related to their academic program and understands that this work experience is an integral or critical part of the student's U.S. academic program.

The employer confirms that the work experience 1) consists of bona fide training activities connected to the student's academic framework, 2) exposes the student to the operations of their field and 3) consists of primarily substantive, skilled roles.

1. Student Full Legal Name:
2. Company Name:
3. Company Address*(*Official business address*):
4. Student's Job Title:
5. Detailed Job Description *including clear descriptions of student's role, responsibilities, and duties. (Please attach an additional page if needed for full job description.):*
6. Start and End Dates of Employment:
7. Hours per week:
8. Does this position include remote work?: (YES**/NO)
 - If YES: What is the percent of remote work: %
 - NOTE: Academic training only allows up to 40% remote work (e.g 2 out of 5 days/week)
9. Salary/Wages and frequency (or indicate "unpaid"):
10. Supervisor's Name (*Note: supervisor must not be an F-1 or J-1 student*):
11. Supervisor's Job Title:
12. Supervisor Email:
13. Supervisor Telephone:

*** 14-15 EMPLOYER PHYSICAL WORK LOCATION-** required only if Employer name or address above differs from the actual official employer physical worksite name and address to which the student will report, or if using 3rd party/staffing company.

14. Student's Physical Worksite Name*:
15. Student's Worksite Address*:

**** 16 REMOTE WORKSITE LOCATION-** required only if student will be working remotely (i.e. from home). Academic training only allows up to 40% remote work (e.g. 2 out of 5 days/week)

16. Remote Worksite Address**:

[Employer Official Signature]

[Employer Official Name]

[Employer Official Title]