

## J-1 STUDENT EXCHANGE VISITOR ACADEMIC TRAINING (AT) APPLICATION FORM

(for College and University J-1 Student Exchange Visitors with Harvard University J-1 Visa Sponsorship)

## TRAINING ORGANIZATION ATTESTATION

STUDEN	NAME:				
SEVIS I					
EMAIL:					
TRAINII	G ORGANIZATION NAME:				
SITE OF	RAINING PROGRAM:				
Street address  Ste/Floor  City  MA  Zip Code  Harvard University ("Harvard") has been designated by the U.S. Department of State ("DOS") to sponsor an Exchange Visitor Program ("EVP"). The EVP was developed to implement the Mutual Educational and Cultural Exchange Act ("Fulbright-Hayes Act") of 1961. The overall purpose of that Act, and the objective of the EVP, is "to increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges" (22 CFR § 62.1). DOS regulations authorize foreign college and university students in an EVP pursuant to a J-1 visa ("Student Exchange Visitors") to participate in academic training programs as part of their studies, provided that a number of conditions have been met.  An academic training program for a Student Exchange Visitor must consist of bona fide training activities that are connected to a substantial academic framework and are designed to expose participants to the					
-	ns of their field. Academic training must be directly related to the Exchange Visitor's major field and must be an integral or critical part of the Student Exchange Visitor's academic program.				
To provide academic training to a Student Exchange Visitor, the host organization for the academic training (the "Training Organization") must comply with the requirements below.					
•	ng each box below, you are confirming the Training Organization's agreement to comply with uirements:				
	raining Organization shall provide Harvard with true, accurate, and complete information elating to the Student Exchange Visitor's proposed and actual participation in the academic raining at the Training Organization.  raining Organization shall monitor the progress and welfare of its Student Exchange Visitors ngaged in academic training and ensure that Student Exchange Visitors engage primarily in ubstantive activities appropriate for their field of study at appropriate sites of activity and make easonable progress in their work. As required by DOS regulations, Training Organization's				



proposed and actual academic training program will be either fully in person or hybrid, with no
more than 40% remote participation (e.g., two days out of five) if the Training Organization has
instituted a partial remote work policy.

- ☐ Training Organization shall supplement and update such information as the regulations at 22 CFR Part 62 require upon Harvard's request.
- ☐ Without limiting the foregoing, Training Organization shall promptly notify Harvard of the following developments:
  - Training Organization ends or otherwise materially changes its relationship with an Student Exchange Visitor. Material changes include, but are not limited to, changes in: work site location; name and address of training supervisor; number of hours worked per week; dates of training; or any other changes in or deviations from any completed and submitted materials in the J-1 Academic Training Application Form.
  - Training Organization initiates disciplinary proceedings against or opens an investigation into a Student Exchange Visitor.
  - Training Organization becomes aware of any emergency involving a Student Exchange Visitor.
  - Training Organization becomes aware of changes to a Student Exchange Visitor's residential address, telephone number, or email.
  - DOS contacts Training Organization in connection with Harvard's EVP or any Harvard-affiliated Student Exchange Visitor.
  - Training Organization becomes aware of any serious problem or controversy involving a Harvard-affiliated Student Exchange Visitor that could be expected to bring the DOS, its Exchange Visitor Program generally, or Harvard's EVP sponsorship into notoriety or disrepute, including but not limited to (i) potential litigation related to the Student Exchange Visitor or the Harvard EVP; (ii) death or serious medical issue involving the Student Exchange Visitor; (iii) sexual abuse or assault allegations involving the Student Exchange Visitor; (iv) allegations related to human trafficking involving the Student Exchange Visitor; or (v) any other incident the Training Organization reasonably believes is or could be captured in the DOS J-Visa Exchange Visitor Program: Incident Reporting Rubric for Academic/ Government Categories.

Please describe how the academic training with your organization will help the Student Exchange Visitor achieve his or her specific objectives for work-based learning related to his or her academic degree.						



DATE:

If your organization has instituted a partial remote work policy that will apply to the Student Exchange Visitor's participation in the proposed and actual academic training program. please complete the

itor's participation in the proposed and actual academic training program, please complete the	
lowing:	
• Describe your organization's partial remote work policy:	

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<ul> <li>Describe your organization's partial remote work policy:</li> </ul>
<ul> <li>Number of remote days allowed for the Student Exchange Visitor per week:</li> </ul>
For paid, post-completion academic training only: If the Student Exchange Visitor will be participating in a paid, post-completion academic training program, DOS regulations require that the program must "commenc[e] not later than 30 days after completion of his or her studies." (22 CFR 62.23(f)(2)(ii)).
☐ By checking this box, you are confirming that the academic training program will begin within 30 days of completion of the Student Exchange Visitor's studies.
As the Student Exchange Visitor's training supervisor, I have provided and reviewed the information above and certify that I understand the purpose of academic training. With this form, I recommend that you authorize the Student Exchange Visitor named above to participate in this specific academic training program.
NAME OF TRAINING ORGANIZATION SIGNATORY:
TITLE OF TRAINING ORGANIZATION SIGNATORY:
ELECTRONIC SIGNATURE OF THE SIGNATORY:
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