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International Office

J-1 STUDENT ACADEMIC TRAINING (AT) APPLICATION FORM

(for students with Harvard University J-1 Student Visa Sponsorship)

STUDENT NAME: _____

SEVIS ID: _____

EMAIL: _____

COMPANY NAME: _____

ATTESTATION OF TRAINING ORGANIZATION

Harvard University 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 Exchange Visitor category, 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 states that academic training experiences must consist of bona fide training activities that are designed to expose participants to the operations of their field. To provide academic training to a J-1 exchange visitor, you must comply with the requirements below (Each box below must be checked off.)

☐ Organization shall provide Harvard with true, accurate, and complete information relating to proposed and actual J-1 exchange visitors participating in academic training.

☐ Organization shall monitor the progress and welfare of its J-1 exchange visitors and ensure that its visitors engage in activities appropriate for their category at appropriate sites of activity and make reasonable progress in their work.

☐ Organization shall supplement and update such information as the regulations at 22 CFR Part 62 require upon Harvard's request. Without limiting the foregoing, Organization shall promptly notify Harvard of the following developments:

1. Organization ends or otherwise materially changes its relationship with a J-1 exchange visitor. Material changes include, but are not limited to, changes in work location, name and address of training supervisor, number of hours worked per week, dates of training, or any others changes in or deviations from any completed and submitted J-1 Academic Training form.
2. Organization initiates disciplinary proceedings against or opens an investigation into a J-1 exchange visitor.
3. Organization becomes aware of any emergency involving a J-1 exchange visitor.
4. Organization becomes aware of changes to a J-1 exchange visitor's residential address, telephone number, or email.
5. The Department of State contacts Organization in connection with the Program or any J-1 exchange visitor.

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6. Organization becomes aware of any serious problem or controversy that could be expected to bring the Department of State, its Exchange Visitor Program generally, or the Harvard Program specifically into notoriety or disrepute, including but not limited to (i) potential litigation related to the Harvard Program, in which the J-1 exchange visitor may be a named party; (ii) the death or serious medical issue of a J-1 Exchange Visitor; (iii) sexual abuse or assault allegations involving a Hosted J-1 exchange visitor; or (iv) any incident the Organization reasonably believes is or could be captured in the Department of State's published 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 achieve his or her specific objectives for work-based learning related to his or her academic degree.

As the student'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 J-1 exchange visitor named above to participate in this specific Academic Training program. I understand that EVP requires that the J-1 exchange visitor participate remotely no more than 40% of the time (e.g., two days out of five) when their training organization has instituted partial remote work policies and Harvard has specifically approved their hybrid program participation.

NAME OF TRAINING ORGANIZATION SIGNATORY: _____

TITLE OF TRAINING ORGANIZATION SIGNATORY: _____

ELECTRONIC SGNATURE OF THE SIGNATORY: _____

DATE: _____