

**J-1 STUDENT ACADEMIC TRAINING (AT) APPLICATION FORM
(for students with Harvard University J-1 Sponsorship)**

This form consists of 3 parts: student, academic advisor and employer. Each part requires a signature; electronic signatures are acceptable. Please follow the steps below in sequence. You must not begin any employment* until you have received a new Form DS- 2019 and the AT authorization letter from the HIO, and the start date is current.

1. Complete and electronically sign the student part of this form.
2. Send the form to the appropriate personnel of your employer to review and electronically sign the form.
3. Send the form to your academic advisor or registrar's office for their electronic signature.
4. Send this completed and signed form via scan and email to your [HIO advisor](#).
5. For **post-graduation** AT, a \$150 one-time, non-refundable fee is required by the HIO. Please submit an online credit card payment via [Touchnet](#). Write the Touchnet **Confirmation # here:** _____

PLEASE ALLOW THE HIO AT LEAST TWO WEEKS TO RESPOND TO YOUR APPLICATION.

SECTION 1: TO BE COMPLETED BY THE STUDENT

Full Name: _____ SEVIS ID #: **N00** _____

Phone #: _____ E-mail address: _____

Current U.S. residential address: _____
Street Address *Apartment Number*

City/Town *State* *Zip code*

I am currently enrolled as a full-time student in good academic standing: Yes No

My expected academic program completion date or actual program completion date: _____

Have you received AT authorization before? Yes No

If yes, I received a total of _____ month(s) of AT in the past

Description of the Academic Training program

Name of the training employer/company: _____

Address of the training employer/company: _____
Street Address

City/Town *State* *Zip code*

Training supervisor's name: _____

Training supervisor's phone number: _____ E-mail address: _____

Dates of the training (not to exceed total allowable AT time): _____ to: _____
Start date (mm/dd/yyyy) End date (mm/dd/yyyy)

Number of hours per week: _____ Total amount of salary: \$ _____

This is an unpaid position (If unpaid, along with this application form submit a recent bank statement showing funding to support living expenses for the time you will be on AT.)

Describe your role with the employer and how that role is directly related to enhancing your knowledge obtained through your academic program at Harvard

Electronic signature of student

Date

SECTION 2: TO BE COMPLETED AND SIGNED BY THE EMPLOYER* Understanding Academic Training

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 part 62). All programs are required by DOS regulations to ensure that all Exchange Visitors in their program obtain the best overall experience. The regulations are written with this in mind. DOS states that Academic Training experiences for J-1 students should consist of bona fide training activities that are designed to expose participants to the operations of their field.

Describe how the assignment with the employer will help the student achieve his or her specific objectives for work-based learning related to his or her academic degree.

I have provided and reviewed the information above and certify that I understand the purpose of AT.

Electronic signature of the supervisor

Date

Printed name and title of the supervisor: _____

SECTION 3: TO BE COMPLETED AND SIGNED BY THE ACADEMIC ADVISOR

Describe why this training is an integral or critical part of the student's academic program at Harvard

As the student's Academic Advisor (or equivalent), I have provided and reviewed the above information. I approve the proposed training for the student. With this form, I recommend that you authorize the student to participate in this specific Academic Training program.

Electronic signature of the academic advisor (or equivalent) *Date*

Name and title of the academic advisor: _____

Additional Requirements for students:

You are required to submit an evaluation at the end of every Academic Training experience.
You are also legally required to maintain appropriate health insurance during the Academic Training period.

**Employment and Employer can refer to positions that are based on the student working as an independent contractor. Unpaid positions are also deemed employment for Academic Training purposes.*

YOUR ACADEMIC TRAINING DS-2019 WILL BE SENT TO YOU VIA EMAIL ATTACHMENT.

If you prefer the HIO send a hard copy of the Academic Training DS-2019, complete the section below indicating how you wish the DS-2019 to be sent to you, -

I would like the DS-2019 send via Fedex, and have created a FedEx shipping label in eShip Global system.
The eShip Order Number is:

I will pick up the DS-2019 in-person at the HIO (Smith Campus Center, 8th Floor, Suite 864)

I want my DS-2019 to be sent via USPS (regular mail) to the address below:

Address Line 1

Address Line 2

City

State

Postal Code