



# J-1 Academic Training Request Form (rev. 2017-11-15)

**INSTRUCTIONS:** Read through this entire form before completing. Submit this request to the Office of International Affairs, along with all required attachments, at least ten days prior to the expiration of your Form DS-2019 or the start of your academic training, whichever comes first.

Name: \_\_\_\_\_ UOID: \_\_\_\_\_

Major: \_\_\_\_\_ Tel: \_\_\_\_\_

Level (Check One):  Undergraduate or Exchange  Graduate  Law UO Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Training Site Address: \_\_\_\_\_

*The training site address is the site where you will actually receive training. If the same as the employer address, write "Same"*

Training Requested From (Start) \_\_\_\_\_ to \_\_\_\_\_ No. of Hours / Week: \_\_\_\_\_

Training Supervisor Name: \_\_\_\_\_ Supervisor Tel: \_\_\_\_\_

Training Supervisor Title: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

1. Is this a new request or an extension of a current Academic Training Authorization?  New  Extension
2. Is this request for pre-completion Academic Training (before completion of degree requirements) or post-completion Academic Training (after completion of degree requirements)?  Pre-Completion  Post-Completion
3. When do you plan to or when did you complete your degree requirements? Indicate term / year: \_\_\_\_\_

### **J-1 Health Insurance Requirement: Read and Sign to Acknowledge Understanding and Compliance**

During J-1 Academic Training you, and any accompany J-2 dependent family members, are required to maintain comprehensive medical insurance that meets US Department of State insurance requirements as outlined at 22 CFR 62.14. Insurance coverage must meet the following minimum benefits:

- medical benefits of at least \$100,000 per accident or illness
- repatriation of remains in the amount of \$25,000
- expenses associated in the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000 and
- a deductible not to exceed \$500 per accident or illness.

NOTE: J-1 students who are not enrolled or no longer enrolled, and who are otherwise no longer receiving medical coverage through the UO International Student Health Insurance Plan, are required to obtain appropriate insurance that meets the above coverage requirements. For information about insurance options, contact the Office of International Affairs.

By signing this section, you acknowledge your understanding that you are required to obtain adequate insurance that meets the above requirements. In addition, you may be asked to provide insurance documentation to the Office of International Affairs or the US Department of State upon request. **Failure to comply with the insurance requirement may lead to termination of your J-1 status.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## J-1 Visa Requirements

During your period of authorized Academic Training, you are required to comply with the following requirements:

- Maintain adequate medical insurance for yourself (and for any J-2 dependents) that meets US Department of State requirements as described on the previous page
- Maintain valid, up-to-date US residential address, mailing address (if different from residential address), telephone number, and email contact information with the Office of International Affairs, or otherwise notify the Office of International Affairs within ten days of any change
- Notify the Office of International Affairs if any of the following takes place:
  - Your immigration status changes from J-1 to another status
  - You plan to depart the US permanently
  - Your Academic Training employment ends before the authorized end date of your training
  - Your Academic Training employment changes in any way, including a change in company name, training site location or address, supervisor information, or training / job duties
  - If you apply for or receive a waiver of Section 212(e) of the Immigration and Nationality Act, also known as the “two year home residency requirement” (if applicable)
  - Any event that prevents you from continuing in your Academic Training program, whether temporarily or permanently

I am submitting a request for Academic Training. I understand that I am required to comply with J-1 immigration regulations, including those outlined above, and that I will notify the Office of International Affairs of any substantial change to my personal information, immigration status, or Academic Training program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Attachments

Attach the following documents to this request:

- A letter from your training site employer on the employer’s letterhead that identifies
  - Company name and address
  - Training site address (if different from company address)
  - Supervisor’s name, title, e-mail address, and telephone number
  - Brief description of job title, job duties, and expected hours per week
  - Start and end date of the training – the start date must be no later than 30 days after the end of your academic program
- A letter from your academic / department advisor that recommends the academic training and includes the following information
  - A description of the goals and objectives of the academic training program
  - A brief description of the academic training program, including location, name/address of the supervisor, number of hours per week, and dates of the training (this information can be from your employer’s letter)
  - An explanation of how the academic training relates to your major field of study
  - An explanation of why the academic training is an integral or critical part of your academic program.

### Questions?

Contact the Office of International Affairs at (541) 346-3206, [intl@uoregon.edu](mailto:intl@uoregon.edu), if you have any questions. Please include your full name and UO ID number in any messages sent to us.

<b>OIA Use Only:</b> _____ Approved    _____ DS2019 Extended    _____ Authorization Letter Issued
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