This handout is designed for J-1 students. It describes the application procedure for obtaining study-related employment permission. It is a supplement to the "Academic Training Information Handout." You should read both handouts. The procedure for application is as follows:

1. Obtain a letter of offer from your prospective employer. It must include all of the information outlined in the "Sample: Employer Letter to Recommend J-1 Academic Training" (attached).

2. Give a copy of your employer's job offer letter and the "Recommendation of Academic Training for J-1 Student by Academic Advisor" (attached) to your academic advisor or dean for review and completion. Discuss goals/objectives of the training, how your proposed job duties relate to your field of study (showing on your DS-2019 form) and how this internship/work is integral to your academic program at DePaul University.

3. Submit the following items to ISS for review at least two weeks before your expected employment start date or before your DS-2019 program end-date (last day of classes), whichever comes earlier:
   - Job offer letter issued/signed by your prospective employer;
   - "Recommendation of Academic Training for J-1 Student by Academic Advisor" completed/signed by your academic advisor or dean;
   - Copies of your current biographical passport page(s), signed DS-2019 form, current/latest I-94 card: [https://www.cbp.gov/travel/international-visitors/i-94-instructions](https://www.cbp.gov/travel/international-visitors/i-94-instructions), and proof of health insurance as required by the U.S. State Department, only if this information changed since you last provided copies to ISS;
   - Copies of your financial/bank statements showing you have enough funding to cover your living expenses (at least $1,500 per month) for the extension period, only if you require DS-2019 program extension and if your internship will be unpaid. If the financial/bank statement belongs to someone else, please include a signed/dated affidavit of support showing you and your sponsor’s names, your relationship to each other, and how much funding the sponsor will be providing you; and
   - Email/letter from your home institution (in your home country) confirming they are aware of and support your extension of stay in the U.S. for the purpose of doing Academic Training, only if you require DS-2019 program extension.

4. Your ISS Advisor must evaluate the Academic Training program and decide whether it is warranted and appropriate. If so, s/he will update your SEVIS record with your work authorization, issue an updated DS-2019 form and letter authorizing the Academic Training. Please do not start working before you receive written authorization from ISS. If your prospective job offer will go beyond your current DS-2019 program end-date, your ISS advisor will also process DS-2019 program extension together with your Academic Training authorization.

5. During your Academic Training period, you must maintain health insurance coverage in compliance with J-1 regulations and report any changes to your address/contact information to your ISS advisor. If you travel, you must obtain a travel signature on your DS-2019 form from your ISS advisor for re-entry. And if you are interested in changing employers, you must submit a new Academic Training application to ISS for review and authorization before you start working.
[Sample Employer Letter to Recommend J-1 Academic Training]
[To Be Prepared on Company Letterhead]

[Company Name]
[Company Address]
[Company Phone Number]

[Date]

[Student’s Name]
[Street Address]
[City, State Zip Code]

Dear [Student’s Name]:

This letter is to confirm that [Company Name] is offering you employment for [number of months starting on Month/Date/Year]. This employment will serve as "academic training" for your [level and field of study showing on your DS-2019 form] at DePaul University.

The goals and objectives of your training with us will be practical experience in [description of job duties]. You will be paid a salary of $______ [or] $______ per hour. [or] This internship will be unpaid.

The location of your training program will be in [Street Address, City, and State].

Your training supervisor will be [name of supervisor and title]. The supervisor’s address and telephone number appear above on the letterhead.

You will be expected to work [number of hours per week]. We look forward to having you begin employment on [Month/Date/Year].

Sincerely,

[Name of Department Head or Human Resources]
[Job Title]

NOTE: Please use company letterhead and be sure to include all of the information contained in the sample letter. If you have any questions regarding employment of J-1 students, feel free to contact ISS at (312) 362-8376.
RECOMMENDATION OF ACADEMIC TRAINING FOR J-1 STUDENT BY ACADEMIC ADVISOR:

International Student and Scholar Services (ISS)
DePaul University

Dear ISS Advisor,

Mr./Ms. __________________________, DePaul J-1 student ID number: ____________ majoring in ________________________ wants to engage in the "Academic Training" program described below.

DESCRIPTION OF TRAINING PROGRAM:

Employer/Organization Name: __________________________ Job Title: __________________________

Name of Supervisor: __________________________ Supervisor’s Phone Number: __________________________

Address of Supervisor: ____________________________________________________________

Site of Academic Training: ________________________________________________________

Number of hours per week: __________ Dates of training from: __________ to __________

GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM:

______________________________________________________________

RELATIONSHIP OF TRAINING TO THE STUDENT’S MAJOR FIELD (SHOWING ON DS-2019 FORM):

______________________________________________________________

WHY THE TRAINING IS AN INTEGRAL OR CRITICAL COMPONENT OF THE STUDENT’S ACADEMIC PROGRAM:

______________________________________________________________

As the student's Academic Advisor or Dean, I have set forth the nature and details of the academic training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this letter, I recommend that you authorize this student to participate in the "Academic Training," program described above.

______________________________________________________________

Name of Academic Advisor or Dean Signature Title Date

Evaluation by Alternate/Responsible Officer

1. I have reviewed this letter and determined that the Academic Training being requested is acceptable.
2. The criteria and time limits set forth in 22 CFR 514.23 (f) (3) and (4) are satisfied.
3. To ensure the quality of the program, I hereby evaluate the “Academic Training” (in terms of achieving the stated goals and objectives as satisfactory.

NOTES: (only if conditions listed in # 1 - # 3 above are not met) ________________________________

______________________________________________________________

J-1 Alternate / Responsible Officer Date

EP-02/14/2017