WHAT IS ACADEMIC TRAINING (AT)?
Academic Training (AT) is employment, either paid or unpaid, directly related to your major field of study in the United States. The total amount of AT depends on the duration of time spent as a full time student. If you are enrolled as a degree candidate, you are eligible for 18 months of AT. However, Doctoral Students may be eligible for 36 months of AT with the successful completion of the Ph.D (this eligibility is divided into two 18-month sessions.) Exchange students may be eligible for the AT based on the number of months that they participated as a full time student at Florida Tech (example: a one-semester exchange is eligible for 4 months of Academic Training after completing the semester).  **NOTE:** In counting months of authorization, part-time Academic Training counts the same as full-time.

**NOTE:** If your J-1 Program Sponsor (institution/organization listed in Item #2 of the DS-2019) is not Florida Tech, you must contact your Program Sponsor to confirm if you will be eligible for Academic Training and to coordinate the process for obtaining Academic Training authorization from them. The ISSS Office can not authorize Academic Training for students not under our (Florida Tech) J-1 Sponsorship.

**Academic Training is date specific and employer specific.** You must have a job offer in order to apply for AT. If you decide to change employers, you must obtain new authorization; there cannot be a gap in your employment dates; plan carefully. If you fail to obtain the proper authorization, you will violate your student status.

**ELIGIBILITY REQUIREMENTS**
You may be eligible for Academic Training provided that:

1. your primary purpose in the United States is to study and not to work;
2. you are in academic standing and have maintained your full time registration each semester;
3. the proposed employment is directly related to your major field of study;
4. all J-1 affiliated parties must approve of Academic Training*;
5. your J-1 Responsible Officer has approved the Academic Training in advance and in writing for the duration and type of Academic Training with a specific employer.

**IMPORTANT:** Students who are financially sponsored by institutions other than FIT, (such as Fulbright, LASPAU etc.) should check with that sponsor for information on Academic Training eligibility before applying for Academic Training. Financial Sponsorship approval must be submitted with the Academic Training application.

**Academic Training before completion of your program:**
With permission for Academic Training you may work part-time while classes are in session and full-time during vacation periods (summer, winter break, etc.) **Again, if you have a financial sponsor other than FIT, their approval must be attached to your Academic Training packet.**

**Academic Training after completion of your program:**
You must submit a written offer of appropriate employment and your Advisors Recommendation for Academic Training no later than 30 days **BEFORE** you complete your program in order to be eligible for Academic Training. Your employment MUST begin within 30 days of your program completion date. **Again, if you have a financial sponsor other than FIT, their approval must be attached to your Academic Training packet.**

**A NOTE OF CAUTION:** You may not begin your Academic Training until you have received the proper authorization. Working improperly or without authorization is a serious violation of your J-1 status and would result in the loss of benefits normally granted to J-1 students.

**APPLICATION PROCEDURE:**
1. Obtain a job offer letter from your prospective employer. **The letter MUST include the following details:**

   - Your job title
   - A brief description of the "goals and objectives" of your training program (your employment)
   - Specific beginning and ending dates of the employment (your Academic Training can only be authorized for the length of the job offer)
   - Specific location of the employment
   - Number of hours you will work per week
   - Your salary if being paid, or evidence of ability to support yourself while engaged in Academic Training if unpaid
   - Name, address, and phone number of your direct supervisor
2. Discuss the job training with your academic advisor. Complete the student section of the advisor’s recommendation form (attached) and ask your advisor to review and sign accordingly.

3. When you have both your academic advisor's signed recommendation and the employer’s job offer letter, submit both to the ISSS Office “J” Responsible Officer.

4. Your J-1 Responsible Officer will evaluate the proposed employment and will write you a letter of work authorization to give your employer. You will also receive a new DS-2019 with the academic training authorization.

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*Important note on travel:* If you plan to leave the United States after you complete your program of study and re-enter the country to do your J-1 Academic Training, you must obtain employment authorization before you leave. Please contact the ISSS Office for more information about traveling while on Academic Training.

**IMMIGRATION STATUS AFTER POST COMPLETION ACADEMIC TRAINING**
After the end date of your Academic Training and DS-2019, you will have 30 days to do one of the following:

(1) depart the United States; **OR**
(2) transfer to another J-1 sponsor to begin a new program; **OR**
(3) begin a new program of study at Florida Tech; **OR**
(4) seek a change to another non-immigrant or immigrant status

There are many factors that impact a J visa holder when completing the exchange; most notably is the two year home residency requirement and the J change of category regulations. We strongly recommend meeting with the ISSS Office to review your particular situation.

Sometimes an employer is interested in extending your permission to work in the U.S. beyond the period of academic training which would require a change of visa status. We recommend discussing this with an immigration attorney who will be able to explain visa options and answer any questions that you may have.

**HEALTH INSURANCE**
For those of you who will be graduating, it is a requirement of J-1 status to have health insurance. You will no longer be eligible for the student health insurance plan. If your employer will not be providing you with coverage, you will need to secure coverage on your own.

**SOCIAL SECURITY TAXES AND INCOME TAXES**
While you are authorized to engage in Academic Training, you continue to be in J-1 status and the income you derive from Academic Training is exempt from social security taxes and withholding for social security purposes if you have been in the United States for less than five years. If you have been in the U.S. for more than five years you will be required to pay social security taxes.

Whether or not you are liable for the payment of income taxes on income earned from practical training depends upon your individual situation and tax status. Most J-1 students who earn income from practical training will pay federal and state income taxes. However, we advise that you seek the resources of the Internal Revenue Service (IRS) for particulars. You should consult the IRS Publication 515: *Withholding of Tax on Non-Resident Aliens & Foreign Corporations* and Publication 519: *U.S. Tax Guide for Aliens* for clarification of your tax status. These can be found on-line at [www.irs.gov](http://www.irs.gov).

Advisor’s Recommendation for Academic Training
Student Name: __________________________ Student ID #: __________________
Phone Number: __________________________ Email: __________________________
Major: ________________________________ Level: ☐ Graduate ☐ PhD student

To be completed by J-1 Student:

1. Are you subject to the two-year home residency requirement (now or from past J status)    Yes_____ No _____
   If you answered “yes”, have you obtained a waiver or fulfilled the requirement?    Yes_____ No _____

2. Have you participated in any prior Academic Training?    Yes _____ No _____
   If “yes”, please indicate all exact dates of training:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

3. When do you expect to complete your studies?    Month _____ Day _____ Year _____

4. Describe the Academic Training you are requesting:
   Job Title: __________________________ Company: __________________________
   Supervisor: __________________________ Address: __________________________
   Phone Number: __________________________
   Dates of Training: From __________ to __________ (include month, day, year)
   Number of Hours per week: ___________ Salary: __________________________

5. Describe the goals and objectives of the training program you are requesting:
   ______________________________________________________________________
   ______________________________________________________________________

6. How does the training directly relate to your major field of study?
   ______________________________________________________________________
   ______________________________________________________________________

7. Describe why this training is an integral or critical part of your academic program:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Signature of Student: __________________________________________ Date: _____________

Printed Name: ______________________________________ Date: ____________

To be completed by Academic Advisor or Dean:

Please review the information presented in items 4 through 7 in conjunction with the student’s offer of employment. If you agree that the nature of the training and the student’s job offer are directly related to the student’s academic program and agree that it is appropriate for this student to participate in the requested Academic Training, please sign below. Your approval or non-approval will assist the ISSS Office in making the final determination on this student’s eligibility for Academic Training.

Signature: ______________________________________ Date: ________________

Name and Title (please print):____________________________________________ Email: __________________________

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