

Academic Training (AT)

FACT SHEET

International Student and Scholar Services
Georgia State University
P.O. Box 3987
Atlanta, GA 30302-3987
Tel: 404-413-2070
Fax: 404-413-2072
Email: iss@gsu.edu
www.iss.gsu.edu



DEFINITION:

AT is authorization for off-campus employment (paid or unpaid) directly related to a student's major area of study. AT may involve sequential or simultaneous activities, with several employers, provided the application and approval procedures are followed for each employer and activity, and the time limits are not exceeded. ISSS provides the final authorization. The student must submit the AT application at least two weeks before their program completion date or their current academic training end date.

STUDENT ELIGIBILITY

- The J-1 student must be in good academic standing.
- The student is primarily in the United States (U.S.) to study rather than engage in AT.
- AT must be with a specific employer or training site, and be directly related to the major field of study listed on the DS-2019.
- Student must receive the AT authorization on the DS-2019 from his/her International Student Advisor before beginning the training.
- Employment is limited to 20 hours or less a week during a student's program of study except for official school breaks, annual vacation, or if the student's program of study requires full time employment.
- Full time (20 hours or more) employment is permitted after completion of a student's program.
- Student must maintain health insurance coverage during entire AT authorization period.
- AT can only be authorized by the program sponsor (GSU, Department of State, Fulbright, USAID, etc.).

APPLICATION PROCESS

In order to apply for AT, you must submit the following documents to ISSS:

1. Academic Training (AT) Application form
2. Job offer letter (signed & dated) on original, official letterhead from your prospective employer which specifies the following in the body of the letter:
 - a. Salary
 - b. The location (street address of employment) *If telecommuting, use your home address
 - c. Full name of supervisor with contact phone number and email
 - d. Description of training program (job responsibilities)
 - e. Beginning and ending dates of employment
 - f. Number of working hours per week
5. Bank Certification Letter (original) showing you or your financial sponsor can cover the estimated cost of living expenses for the period of requested AT. (If your job offer letter salary covers the amount of estimated expenses, no bank certification letter is needed). See chart below for estimated living expenses:

<i>Estimated</i>	1 month	2 months	5 months	9 months	12 months
<i>Living Expenses</i>	\$1,315	\$2,630	\$6,575	\$11,835	\$15,780

6. Once the training is complete, you must complete the online [AT Evaluation](#).

TIME LIMITATIONS

- Students in degree programs are permitted an overall limit of 18 months of AT.
- Students for postdoctoral training after completion of a degree are permitted a maximum of 36 months of AT. AT can only be authorized for 18 month increments at a time.
- Non-degree students are limited to a total stay of 24 months, including all study time plus any authorized AT.
- The total period of authorized AT must not exceed the time enrolled as a full-time student.
- Students must have an AT offer of employment before program completion date
- All AT is counted as full-time, even if employment is on a part-time basis.
- Time between two sequential AT experiences is counted toward your total amount of AT permitted.

Academic Training (AT) Application

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STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)

LAST/FAMILY NAME (CAPITALIZED) _____

Cell Phone _____

First/Given Name _____

Date expected to complete program requirements _____

Academic Degree Level (B.S., MA, Ph.D) _____

Academic Department _____

EMPLOYER INFORMATION (TO BE COMPLETED BY STUDENT)

Employer/Company Name _____

Job Title _____

Employer Street Address (*where you will be working*) _____

To be completed by student:

AT Start Date _____ AT End Date _____

Have you ever been authorized for AT before?

Yes No

*If yes, number of months used? _____

City _____ State _____

Zip Code _____ Monthly Salary _____

I certify that I understand that AT must be related to my field of study and I will maintain my J-1 Exchange Visitor status while engaged in AT.

Student Signature _____ Date _____ (mm/dd/yyyy)

TO THE ACADEMIC ADVISOR (TO BE COMPLETED BY ACADEMIC ADVISOR, DEPARTMENT CHAIR, OR DEAN)

AT is authorization for off-campus employment (paid or unpaid) directly related to a student's major area of study. ISSS facilitates the AT application process and final authorization. It is the student's responsibility to ensure the application is submitted at least two weeks before their program completion date or their current academic training end date. Per federal regulations, please briefly answer the questions below regarding the student's AT experience:

1. Goals and Objectives of the specific training program?

2. How does the training relate to the student's major field of study and how is it an integral part of the academic program of the exchange visitor?

Academic Advisor's Signature: _____ Date _____

Academic Advisor's Name & Title: _____ Phone Extension _____