California State University MONTEREY BAY International Programs

Academic Training Application for J-1 Students

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Part I – Personal Information
To be completed by student

First & Last Name	
CSUMB Student ID	

Employment Information:

Employer Name_____
Job Title _____
Hours per week during term _____
Employer Address _____
Supervisor Name _____
Supervisor Telephone Number _____
Supervisor Email Address _____
Start Date _____
End Date _____

Have you participated in Academic Training before? ☐ Yes ☐ No If yes, how many months & days _____

Description of Employment Activities and how they relate to field of study:

*Attach a job offer letter from the employer confirming the employment information including description of your employment activities. You must also complete Parts IV – VI with your supervisor.

Part II – Academic Advisor's approval of Request for Academic Training

To be completed by student's CSUMB or Home University Academic Advisor or Dean

The goals and objectives of the employment described in Part V are directly related to the applicant's major field of study and the student will be receiving academic credit for the training experience. I approve the applicant's request for Academic Training.

Advisor's Name _____ Department/University _____

Signature _____ Date _____

E-mail _____ Phone _____

*Attach a letter of recommendation (on university letterhead) setting forth:

a. The goals and objectives of the specific academic training program;
b. A description of the academic training program, including its location, the name and address of the training supervisor, number of hours per week, and dates of the training;
c. How the academic training relates to the student's major field of study; and
d. Why it is an integral or critical part of the academic program of the student.

Part III – Health Insurance Information
To be completed by the applicant

In order to maintain J visa status, you and your dependents are required to be covered by appropriate health insurance that includes repatriation and evacuation. The health insurance must meet the requirements as set forth by the United States Department of State in 22CFR 514. 14. *If you have not yet shown the International Programs Office evidence of your health insurance coverage (including your dependent) through the period of Academic Training, please include it with this form.* Academic Training will only be authorized for the extent of time you are covered by your health insurance.

Name of Health Insurance Company: _____
Health Insurance Enrollment Date: From _____ to _____
Does the health insurance include repatriation and evacuation? ☐ Yes ☐ No
If your health insurance does not include repatriation and evacuation, do you have additional repatriation and evacuation coverage? ☐ Yes ☐ No Expiration Date _____

Names of J-2 Dependents _____

Do J-2 Dependents have health insurance coverage, including repatriation and evacuation? ☐ Yes ☐ No
Is your health insurance coverage from your employer? ☐ Yes ☐ No

Please provide the following information with this form

- ☐ Explanation of health care insurance benefits from the health insurance company.
- ☐ Letter from your employer on company letterhead verifying that you will be covered by the company's health insurance policy (if applicable).
- ☐ Answer the following questions regarding your health insurance benefits:
  - Medical benefits of at least US$100,000 per accident or illness ☐ Yes ☐ No
  - Deductible not to exceed $500 ☐ Yes ☐ No
  - Repatriation of remains in the amount of US$25,000 ☐ Yes ☐ No
  - Expenses associated with medical evacuation to your home country in the amount of US$ 50,000 ☐ Yes ☐ No

I understand that: (1) I and my dependents must be covered by health insurance, including repatriation and evacuation, for the duration of stay as indicated on my DS-2019, including my Academic Training term, (2) approval of my Academic Training will not exceed the date of my health insurance coverage. (3) the approval process takes 7 working days and (4) beginning my employment before receiving written authorization from a Responsible Officer or Alternate Responsible Officer at the Office of International Programs is a violation of the United States Department of State regulations and I may lose my immigration status as a result.

I verify the above information to be correct:

Student Signature:	Date:

CSUMB International Programs Office:

Official Name and Signature:	Date:
Do Not Mark Office Use Only	☐ Employment letter is attached ☐ Health insurance information is attached or on file Student is eligible for _____ months of Academic Training Student is requesting Academic Training from/until _____ Student has health insurance coverage until _____

Part IV – Employer Certification
To be completed by employer

EMPLOYER CERTIFICATION: I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form. I certify on behalf of the employer that this Academic Training Plan ("Plan") is approved and that:

1. I have reviewed and understand this Training Plan, and I will ensure that the supervising Employer Official follows this Plan;

2. I will notify the CSUMB Office of International Programs at the earliest available opportunity regarding any material changes to this Training Plan.

3. I confirm the following:
   a. The student's training opportunity is directly related to the student's major and the position offered to the student achieves the objectives of his or her participation in this training program;
   b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;
   c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;
   d. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment.

Signature of Employer Official with Signatory Authority: _____

Printed Name and Title of Employer Official with Signatory Authority: _____

Date (mm-dd-yyyy): _____ Printed Name of Employing Organization: _____

Part V – Training Plan
To be completed by employer

Student Role: Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through his or her studies.
Goals and Objectives: Describe how the assignment(s) with the employer will help the student achieve his or her specific

objectives for work-based learning related to his or her major. The description must both specify the student's goals regarding specific knowledge, skills, or techniques as well as the means by which they will be achieved.

Employer Oversight: Explain how the employer provides oversight and supervision of individuals filling positions such as that being filled by the named J-1 student.

Measures and Assessments: Explain how the employer measures and confirms whether individuals filling positions such as that being filled by the named J-1 student are acquiring new knowledge and skills. If the employer has a training program or related policy in place that controls such measures and assessments, please describe.

Additional Remarks (optional): Provide additional information pertinent to the Plan.

Part VI – Training Plan Evaluation
To be completed by student and employer after completion of academic training period

EVALUATION ON STUDENT PROGRESS: Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for Academic Training students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.

Signature of Student: _____

Printed Name of Student: _____ Date: _____

Signature of Employer Official with Signatory Authority: _____

Printed Name of Employer Official with Signatory Authority:_____ Date: _____

Part VII – Training Plan Evaluation
To be completed by CSUMB Responsible Officer

Academic Training Program Evaluation: Evaluate the effectiveness and appropriateness of the academic training in achieving the stated goals and objectives.

Signature of Responsible Officer: _____

Printed Name of Responsible Officer: _____ Date: _____