



### J-1 Academic Training (AT) Application and Agreement

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 YU ID: \_\_\_\_\_ YU School: \_\_\_\_\_  
 Major: \_\_\_\_\_ Degree Program: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Local Address: \_\_\_\_\_

1. I am requesting:
  - Pre-completion AT
  - Post-completion AT
2. Employer name and complete address: \_\_\_\_\_  
 \_\_\_\_\_
3. Job title: \_\_\_\_\_
4. Supervisor name: \_\_\_\_\_
5. Academic training Dates: from: \_\_\_\_\_ to: \_\_\_\_\_
6. Salary/income from entire AT period: \$ \_\_\_\_\_
7. Date of (expected) degree/program completion: \_\_\_\_\_
8. Degree level: Master's, Doctoral, Other: \_\_\_\_\_
9. Major field of study: \_\_\_\_\_
10. Previous periods of Academic training:
  - From: \_\_\_\_\_ to: \_\_\_\_\_ Employer \_\_\_\_\_
  - From: \_\_\_\_\_ to: \_\_\_\_\_ Employer \_\_\_\_\_

**Important notes. Please read.**

- Your academic training authorization period will begin the day after the completion of your degree; you should begin engagement of your AT activity within 30 days of completion.
- You may not begin employment until your AT letter has been issued.
- AT authorization may not exceed 18 months. If you are eligible for a second 18 month period, it will be granted near the end of the first 18 month period.
- If you wish to extend your AT or change employers in the future, you will follow the same procedure; make request in a timely manner.

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**Checklist of required documents:**

- Copy of your passport page(s) showing your picture, biographical information, and its expiration date
- Copy of a paper print out of your most recent [electronic I-94](#)
- Copies of your current and all previous Forms DS-2019 (from this J-1 D/S)
- [Employment offer letter](#)
- Academic Advisor (or Dean's) [Letter of Recommendation](#)
- If AT position will be unpaid, new financial documentation demonstrating that you have \$2000 per month.

**Read the statement below, sign and date.**

- I certify I have read the request form instructions and information in full.*
- I certify the information I have provided is, to the best of my knowledge, accurate.*
- I understand I (and any J-2 dependents) must have approved health insurance for the duration of my J-1 status.*
- I understand I must report any address changes, current (U.S.) or permanent (out of U.S.), to [oiiss@yu.edu](mailto:oiiss@yu.edu) within 10 days of the change.*

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

Date \_\_\_\_\_