



# INTERNATIONAL PROGRAMS

## COLORADO STATE UNIVERSITY

1024 Campus Delivery Fort Collins, CO 80523-1024 USA • (970) 491-5917 • international.colostate.edu

# J-1 STUDENT ACADEMIC TRAINING REQUEST FORM

This form is used by J-1 students to request authorization to participate in Academic Training.

### Checklist of required documents that must accompany this form:

Completed Academic Advisor Recommendation Form (page 2)

Copies of any previously issued DS-2019s with Academic Training authorization

Letter from the prospective employer on company letterhead. The letter must include:

Name of position offered

Name and contact information of supervisor

Physical address of employment

Number of hours per week

Start and end dates of employment

Health insurance compliance form (page 4), if requesting post-completion Academic Training

Proof of financial support, if requesting post-completion Academic Training. If the Academic Training will be paid, the letter from the employer should state the salary amount. See [our estimated expenses](#).

Student's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Major: \_\_\_\_\_

CSU ID Number: \_\_\_\_\_

What is your degree level?    UG    GR    PhD    Non-Degree (Exchange/VIP)

DS-2019 End Date: \_\_\_\_\_

Have you had any previous AT authorization?    Yes    No

\*If yes, please attach copies of DS-2019s with AT authorization

Type of AT Requested:    Pre Completion of Academic Program

Post Completion of Academic Program\*\*

\*\*If post-completion, please complete page 4 of this packet

Requested AT Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

By signing my name to this form, I certify that I have read and understand the information on page 3 of this packet.  
The information I have provided on this form is accurate.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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# ACADEMIC ADVISOR RECOMMENDATION FORM

To be completed by the student's academic advisor

**Student's Name:** \_\_\_\_\_ **CSU ID#:** \_\_\_\_\_

**Please describe the goals and objectives of the specific Academic Training program:** \_\_\_\_\_

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**Please describe how the Academic Training relates to the student's major field of study:** \_\_\_\_\_

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**Please describe why the training is an integral or critical part of the academic program of the student:** \_\_\_\_\_

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**Academic Advisor Name (please print)** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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## ABOUT J-1 ACADEMIC TRAINING

### What is Academic Training?

- Academic Training is training that is related to a J-1 student's field of study
- Can be done before or after completion of a student's academic program
- Must begin no later than 30 days after DS-2019 end date
- May involve sequential or simultaneous activities, either paid or unpaid, with several employers, provided the application and approval procedures are followed for each employer and activity, and the time limits are not exceeded

### What must I do to be eligible to apply for Academic Training?

- Maintain valid J1 status
- Be enrolled in a course of study at Colorado State University and be in good academic standing
- Be in the United States primarily to study rather than to participate in Academic Training
- Find an Academic Training experience that is directly related to the major field of study listed on your DS-2019

### What are the limitations to Academic Training?

- Academic Training can be authorized for up to 18 months or the full course of study, whichever is shorter
- True postdoctoral positions may utilize up to 36 months of Academic Training
- Non-degree students may also participate in Academic training, but the amount of time non-degree students can participate in Academic Training cannot exceed the amount of time spent pursuing a course of study
- Academic Training can be either full-time or part-time, but both are counted as full-time toward the time limitations

### How do I apply for Academic Training?

- Submit your Request for Academic Training Authorization packet to International Student and Scholar Services at least 2 weeks prior to your requested employment start date (if requesting pre-completion of academic program) or 2 weeks prior to the end date on your DS-2019 (if requesting post-completion of academic program)

### How do I find out if my Academic Training request has been approved?

- After receiving your Request for Academic Training Authorization packet, an international student advisor will review your application. If your Academic Training is approved, the advisor will update your SEVIS record and create you a new DS-2019 with the Academic Training authorization. You will be emailed when your DS-2019 is ready to be picked up in our office.



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# HEALTH INSURANCE COMPLIANCE FORM

This page must be completed by students requesting post-completion Academic Training

Federal regulations require all J-1 Exchange Visitors and their J-2 dependents to maintain comprehensive medical insurance meeting specific minimum requirements from the start date of the J-1 program (indicated in item 3 of the DS-2019) and continuing to the end of the J-1 program. J-1 students who are enrolled in coursework are automatically enrolled in CSU's student health insurance plan, which meets all of the J-1 requirements. However, students on post-completion Academic Training are no longer eligible to purchase the CSU student health insurance plan (unless they are enrolled in Continuous Registration during the Academic Training period.) As per the regulations, Colorado State University is required to terminate the SEVIS record of a J-1 exchange visitor who does not maintain the appropriate health insurance for the duration of the program, including any post-completion Academic Training. Please see page 5 for additional information about the health insurance requirements.

Please complete the following:

Comprehensive health insurance coverage

Insurance Company Name: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

This policy covers (check all that apply):      Me      All My J-2 Dependents

Medical evacuation and repatriation coverage

Insurance Company Name: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

This policy covers (check all that apply):      Me      All My J-2 Dependents

I certify that the above information is true and correct. I confirm that my health insurance coverage and, if applicable, the health insurance coverage of my dependents meets the regulatory requirements outlined in 22 CFR §62.14. I understand it is my responsibility to maintain continuous insurance coverage throughout my J-1 program. I further understand that my failure to maintain adequate health, repatriation, and evacuation insurance for myself and any J-2 dependents will result in the termination of my J-1 program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# J-1 HEALTH INSURANCE REQUIREMENTS

**22 C.F.R. §62.14 describes exchange visitor health insurance requirements as follows:**

- Medical benefits of at least \$100,000 per person per accident or illness;
- Repatriation of remains in the amount of \$25,000
- Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000
- Deductible not to exceed \$500 per accident or illness.

Insurance policies secured to fulfill the requirements:

- May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards;
- May include provisions for co-insurance under the terms of which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness; and
- Must not unreasonably exclude coverage for perils inherent to the activities of the exchange visitor's J-1 program.

**The following is a list of companies offering health insurance online:**

\*AMA & Associates [www.amaofsa.com](http://www.amaofsa.com)

Associate Insurance Plans International, Inc. [www.AIPInternational.com](http://www.AIPInternational.com)

\*BETiNS [www.BETiNS.com](http://www.BETiNS.com)

\*CMI Insurance [www.cmi-insurance.com](http://www.cmi-insurance.com)

Compass Benefits Group [www.compassstudenthealthinsurance.com](http://www.compassstudenthealthinsurance.com)

\*Co-ordinated Benefit Plans, Inc. [www.studenthealthenvoy.com](http://www.studenthealthenvoy.com) and [www.cbpinsure.com](http://www.cbpinsure.com)

Cultural Insurance Services International (CISI) [www.culturalinsurance.com](http://www.culturalinsurance.com)

\*FrontierMEDEX [www.frontiermedex.com](http://www.frontiermedex.com)

\*Gallagher Koster [www.gallaherkoster.com](http://www.gallaherkoster.com)

\*GatewayConnexions International Plans [www.gatewayconnexions.com](http://www.gatewayconnexions.com)

Health Benefit Concepts, Inc. [www.hbcstudent.com](http://www.hbcstudent.com)

HTH Worldwide [www.hthworldwide.com](http://www.hthworldwide.com)

\*Insurance for Students, Inc. - IFS [www.insuranceforstudents.com](http://www.insuranceforstudents.com)

\*International Medical Group (IMG) [www.imglobal.com](http://www.imglobal.com)

\*International Student Insurance [www.internationalstudentinsurance.com](http://www.internationalstudentinsurance.com)

On Call International [www.oncallinternational.com](http://www.oncallinternational.com)

\*The Harbour Group [www.hginsurance.com](http://www.hginsurance.com)

\*Trawick International, Inc. [www.studentinsure.com](http://www.studentinsure.com)

\*T.W. Lord & Associates Electronic mail to: [tommy@twlord.com](mailto:tommy@twlord.com)

\*VISIT [www.visitinsurance.com](http://www.visitinsurance.com)

Wallach & Company [www.wallach.com](http://www.wallach.com)

\*These companies offer repatriation and medical evacuation insurance that you can purchase separately

**Please note that ISSS does not review specific policies to determine compliance or appropriateness for your situation. We recommend that you consult directly with your insurance company regarding compliance with J-1 regulations. Furthermore, ISSS does not endorse or recommend one insurance program over another.**