



# 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

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

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

Email Address: \_\_\_\_\_

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

Degree Level:      Bachelor's              Master's              PhD              Non-Degree (VIP/exchange student)

Type of AT Requested:      Before Completion of Academic Program  
   After Completion of Academic Program (pages 4-5 of this packet are required)

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.

I agree to submit an Academic Training Evaluation Form to ISSS before the end of my Academic Training.

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

**Required documents that must accompany this application:**

**Academic Advisor Recommendation Form (page 2)**

**Letter from prospective employer on company letterhead. The letterhead 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

**For post-completion AT, financial certification form (page 4 of this packet) along with proof of funding**

**For post-completion AT, health insurance compliance form (page 6 of this packet)**



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### ACADEMIC ADVISOR RECOMMENDATION FORM

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 (AT) is training that is related to a J-1 student's field of study
- You can do AT either before or after you complete your academic program
- You must be approved for AT before your DS-2019 expires and must begin any post-completion AT within 30 days after completing your program
- You may be authorized for more than one simultaneous/sequential AT experience and may work for several different employers at the same time, provide the application and approval procedures are followed by each employer and you do not exceed the AT time limitations
- AT can be either paid or unpaid

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

- You must be maintaining valid J-1 status
- You must be enrolled full-time and in good academic standing
- You must find an AT experience that is directly related to the major listed on your DS-2019

### What are the limitations to Academic Training?

- Students in a bachelor's or master's degree program can be authorized for up to 18 months of AT, or the time you spent enrolled in a full course of study (whichever is shorter)
- Students in a doctoral program can be authorized for up to 18 months at AT prior to completing the program
- Students who have completed a doctoral program can be authorized for up to 36 months of AT for a postdoctoral position (provided they have not utilized any previous AT)
- Students in a non-degree program (such as exchange/VIP students) can be authorized for AT that does not exceed the amount of time they spent enrolled in a full 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 maintain my immigration status during Academic Training?

- You will be in J-1 status during AT and must continue to report any changes to your physical address, email address, or name to CSU's International Student and Scholar Services office within 10 days of any changes.
- Students doing pre-completion AT can report these updates through Ramweb.
- Students doing post-completion Academic Training must report any changes by email to [iss@colostate.edu](mailto:iss@colostate.edu).
- All students must submit an Academic Training evaluation form to ISSS before completing their Academic Training.
- During Academic Training, all J-1 students must continue to maintain health insurance that complies with the Department of State regulations for themselves and any J-2 dependents
- Students participating in AT are still Exchange Visitors in the United States and expected to continue to engage in cross-cultural activities and programs during the period of authorized AT



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### HEALTH INSURANCE COMPLIANCE FORM

Required for any student 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: \_\_\_\_\_

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

CSU ID#: \_\_\_\_\_

# 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:

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)  
Colorado Health Benefit Exchange <http://www.connectforhealthco.com>  
Compass Benefits Group [www.compassstudenthealthinsurance.com](http://www.compassstudenthealthinsurance.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)  
Health Benefit Concepts, Inc. [www.hbcstudent.com](http://www.hbcstudent.com)  
HTH Worldwide [www.hthworldwide.com](http://www.hthworldwide.com)  
Insubuy <https://www.insubuy.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 SOS <https://www.internationalsos.com>  
International Student Insurance [www.internationalstudentinsurance.com](http://www.internationalstudentinsurance.com)  
ISO Insurance <https://www.isoa.org>  
Seven Corners <https://www.sevencorners.com/>  
The Harbour Group [www.hginsurance.com](http://www.hginsurance.com)  
Tokio Marine HCC [www.hccmis.com](http://www.hccmis.com)  
Trawick International, Inc. [www.studentinsure.com](http://www.studentinsure.com)  
VISIT [www.visitinsurance.com](http://www.visitinsurance.com)  
Wallach & Company [www.wallach.com](http://www.wallach.com)

Please note that ISSS does not review specific policies to determine appropriateness for your situation. ISSS does not endorse or recommend one insurance program over another. We recommend that you consult directly with your insurance company to select the best policy for you and/or your family.



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### FINANCIAL CERTIFICATION FORM

Required for any student requesting post-completion Academic Training

The required amount of financial support to cover myself and my J-2 dependents (if applicable) during my post-completion Academic Training will be provided by:

Personal Funds – A bank statement or bank letter showing minimum funds required must be included.

Family/Other – Affidavit of support (below) must be completed and a bank statement or other proof of financial support must be included

Scholarship/Sponsor – A letter stating the amount and duration of funding must be included

Academic Training Employer – Letter must include the salary amount

I certify that the information I have given above is a correct statement of my arrangement for financing the time I will be participating in Academic Training and that all information given on this form is accurate.

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

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

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

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

#### AFFIDAVIT OF SUPPORT:

I certify that the sponsor named below has promised to provide financial support in the amount of \$ \_\_\_\_\_ to cover the costs of living expenses and health insurance for my Academic Training at Colorado State University. I have attached evidence of financial resources (a bank statement dated within the past 12 months) with this form.

Name of Sponsor: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_