

J-1 Academic Training Request

For use by J-1 students with RIT-issued DS-2019, to request authorization to engage in training related to the primary field of study, either for a degree-related co-op/internship during degree or employment in field of study after graduation.

Directions:

1. Student, please complete this form and submit to iss@rit.edu. Attach to your email:
 - a. Copy of job offer letter
 - b. Pre-completion AT only: screenshot of co-op registration in SIS
 - c. If job is not paid, please also submit current financial documentation. ISS can advise on the amount needed.
 2. Have your academic advisor submit the [J-1 Academic Training Department Recommendation Letter form](#)
 3. Please allow 1 week for processing once ISS receives all documentation. Incomplete requests cannot be processed. You will be emailed when your new DS-2019 and J-1 Academic Training Authorization letter are ready for pick-up in ISS.
- **MESCyT students** must ensure Graduate Enrollment is aware of plans for Academic Training prior to submitting an AT request documentation to ISS. Have you communicated your plans to Graduate Enrollment to request J-1 AT for off-campus employment related to you degree? Yes No
 - **RIT Global Scholars** must ensure RIT Global is aware of plans for Academic Training prior to submitting this form. Have you communicated your plans to RIT Global to request J-1 AT for off-campus employment related to you degree? Yes No

Student Name: _____ RIT ID: _____ Today's date: _____

Have you ever been authorized for AT before under your current SEVIS ID? Yes No Under another SEVIS ID? Yes No

Please list the start and end dates for all previously-issued AT: _____

Have you ever submitted an application for a waiver of 212(e) (two-year home residency rule)? Yes No

If yes, date of submission and status of waiver application: _____

Site of Academic Training Name: _____

Site of Training Address 1: _____

City: _____ State: _____ Zip: _____

Number of hours per week: _____ *NOTE: Part-time AT, which is 20 hours or less per week, is counted at the same rate as full-time AT in determining how much AT has been use. After graduation, only full-time AT, 20 hours or more per week, is permitted.*

Supervisor Last Name: _____ Supervisor First Name: _____

Telephone Number: _____ Ext: _____ Email: _____

Training Begin Date: _____ Training End Date: _____

SUBMIT