

J-1 EV Academic Training (AT) Request Form

GU Office of Global Services (OGS)



Email this completed form and the other required documents to your **IS Advisor**. OGS does not accept **paper** submissions of this form. Do not begin your position until you receive a **new** Form DS-219 with AT authorization described in Box 5.

AT Request Checklist (incomplete submissions will delay processing)

- AT Request Form** (Part I completed by student; Part II completed by academic advisor/dean/coordinator)
- Canvas AT Module Quiz Results** (100% score required. Click 'Grades' and then the 'Print' icon in the top right corner to download the Grade Report as a PDF.)
- Most recent **I-94** record (AT cannot be issued to a J-1 EV Student who is **outside** the United States.)
- Position **offer letter** (on organizational letterhead & must include **all** below information)
 - position description & title (**must not consist of more than 20% unskilled or menial labor such as clerical tasks**)
 - number of hours per week (no more than **20** during a required academic term)
 - start & end date
 - supervisor's name, title & contact information
 - location of training program (if address is not on letterhead)
 - amount of financial compensation (if any)
- Post-Completion AT applicants:**
 - Must demonstrate proof of \$2,300/month for living expenses.
 - If this amount is not evidenced by the offer letter, please submit proof of [eligible funding](#).
 - Must provide any updates to their U.S. address and phone number to their IS Advisor by email.

Part I: Student			
First Name		Last Name	
NetID		Academic Program	
Employment Information			
List all dates of any previously approved periods of AT (at any school/level)			
What are the academic goals and objectives of this position?			
How does this position relate directly to the major field of study listed on the Form DS-2019?			
Evaluation Responsibilities: I acknowledge that I must complete a self-evaluation form no later than five days after the Academic Training end date assessing the effectiveness and appropriateness of the experience in achieving the stated goals. I must provide the form to my supervisor and my academic advisor, and I must ensure that my supervisor is familiar with the goals I have established.		Handwritten Signature	
		Date	
Health Insurance Compliance Attestation (Post-Completion AT only): I currently have health insurance for myself, and any J-2 dependents, that meets the insurance requirements outlined on Page 2 and will maintain in compliance with those coverage requirements throughout any and all periods of Academic Training.		Handwritten Signature	
		Date	

Please attest to the following: I have read and understand the immigration advice provided by OGS on the AT website. Guidance provided to you by IS Advisors, as well as information on the OGS website and handouts, should not be construed as legal advice. You are always encourage to seek legal advice from a qualified [immigration attorney](#), which IS Advisors may recommend in particularly complex or uncertain cases. U.S. immigration authorities, including the Department of Homeland Security (DHS), make determinations regarding individual immigration status and eligibility for benefits. DHS policies, practices, and regulatory interpretation are fluid and may change at any time. OGS makes every effort to provide the most current guidance. By signing this document, you acknowledge your understanding that such determinations are outside the control of Georgetown University, and you release and hold harmless Georgetown University from any liability or claim relating to determinations of U.S. immigration authorities.

Handwritten Signature

Date (mm/dd/yy)

Part II: Academic Advisor/Dean/Coordinator

Above student is (or was) enrolled full-time, is (or was) in good academic standing, and is expected to complete (or completed) studies on: (mm/dd/yy)

Please attest to the following: I have reviewed the above information provided by the student, as well as the attached offer letter, and I recommend that this request for training be granted. The training is directly related to the student's major field of study and constitutes a **critical academic experience**. I acknowledge that my recommendation **requires me to complete an evaluation form** no later than five days after the Academic Training end date assessing the effectiveness and appropriateness of the experience in achieving the student's stated goals. The student is responsible for sending me the form.

To learn more about our J-1 Exchange Visitor Program, visit: internationalservices.georgetown.edu/j1exchangevisitorprogram

Handwritten Signature		Date (mm/dd/yy)	
Name		Department	

Part III: AT Site Supervisor

Please attest to the following: I understand that the student I am hiring is a J-1 Exchange Visitor whose program in the United States serves the diplomatic objectives of the U.S. Department of State. As a host site for this student, my organization is responsible for furthering the student's academic objectives and providing a holistic experience that is representative of formative and developmental programs in the United States. I acknowledge that hiring this student **requires me to complete an evaluation form** no later than five days after the Academic Training end date assessing the effectiveness and appropriateness of the experience in achieving the student's stated goals. The student is responsible for sending me the form.

To learn more about the GU J-1 Exchange Visitor Program, visit: internationalservices.georgetown.edu/j1exchangevisitorprogram

To report an incident involving a J-1 Exchange Visitor, visit: internationalservices.georgetown.edu/j1exchangevisitorprogram

Handwritten Signature		Date (mm/dd/yy)	
Name		Email	

Application Timing: Pre-Completion AT requests must be submitted **at least 1 week** (5 business days) before requested start date. Post-Completion AT requests must be submitted **at least 2 weeks** (10 business days) before the Form DS-2019 end date. J-1 EV status **cannot be extended** after the Form DS-2019 end date.

I. Insurance Requirements

U.S. laws governing J-1 status require J-1 Exchange Visitors and their dependents to obtain and maintain health insurance for the entire period of J status in the United States. Section 514.14 of the Code of Federal Regulations, Volume 22 requires the following:

1. That the J-1 Exchange Visitor and any dependents in J-2 status have health insurance for the entire period of stay;
2. The minimum requirement for health insurance coverage is \$100,000 **per accident or illness**;
3. Insurance coverage for medical evacuation is required at a minimum of \$50,000. This is used in the unlikely event that you or your family member must be evacuated to your home country for medical treatment;
4. Insurance coverage for repatriation of remains is required at a \$25,000 minimum. This is used in the unlikely event that you or a family should die in the United States and the remains must be returned to your home country; and
5. The maximum deductible on the health insurance may not exceed \$500 **per accident or illness**.

Insurance policies secured to fulfill the requirements of this section 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 program in which the exchange visitor participates. Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be underwritten by an insurance corporation having an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify; or backed by the full faith and credit of the government of the exchange visitor's home country; or part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services. *All Exchange Visitors and accompanying dependents may also be subject to the requirements of the Affordable Care Act [22 CFR 62.14(a)].*

II. Penalties

Federal regulations require Georgetown to terminate your J-1 program if:

- You willfully fail to obtain or maintain health insurance as set forth above;
- You misrepresent your insurance coverage; and/or
- You fail to maintain coverage for your J-2 dependents.