

**J-1 STUDENT ACADEMIC TRAINING (AT) APPLICATION FORM**  
**(for students with Harvard University J-1 Sponsorship)**

This form consists of 3 parts: student, academic advisor and employer. Each part requires a signature. Please follow the steps below in sequence. You must not begin any employment until you have received a new Form DS-2019 and the AT authorization letter from the HIO, and the start date is current.

1. Complete and sign the student part of this form
2. Send the form to the appropriate personnel of your employer to review and sign the form
3. Send the form to your academic advisor or registrar's office for their signature
4. Send the completed and signed form to the HIO (drop off, mail, or email your HIO advisor)
5. For post-graduation AT, a \$150 one-time non-refundable is required to the HIO.

Select **one** of the following payment options:

- ☐ On-line credit card payment via **Touchnet**. Confirmation #: \_\_\_\_\_
- ☐ A personal check or money order made payable to Harvard University

**PLEASE ALLOW THE HIO AT LEAST TWO WEEKS TO RESPOND TO YOUR APPLICATION.**

**SECTION 1: TO BE COMPLETED BY THE STUDENT**

Full Name: \_\_\_\_\_ SEVIS ID #: N00

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Current U.S. residential address: \_\_\_\_\_

*Street Address*

*Apartment Number*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip code*

I am currently enrolled as a full-time student in good academic standing: ☐ Yes ☐ No

My expected academic program completion date or actual program completion date: \_\_\_\_\_

Have you received AT authorization before? ☐ Yes ☐ No

If yes, I received a total of \_\_\_\_\_ month(s) of AT in the past

**When the AT Authorization is Ready (Please select one of the following):**

- ☐ Email me for in-person pick up at HIO
- ☐ Expedited FedEx Shipping via eShipGlobal\* (pre-paid by student): Confirmation # \_\_\_\_\_

*\*Instructions for eShipGlobal available at [www.hio.harvard.edu/eshipglobal-instructions](http://www.hio.harvard.edu/eshipglobal-instructions)*

**Description of the Academic Training program**

Name of the training employer/company: \_\_\_\_\_

Address of the training employer/company: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City/Town*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip code*

Training supervisor's name: \_\_\_\_\_

Training supervisor's phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Dates of the training (not to exceed total allowable AT time): \_\_\_\_\_ to: \_\_\_\_\_  
Start date (mm/dd/yyyy) End date (mm/dd/yyyy)

Number of hours per week: \_\_\_\_\_ Total amount of salary: \$ \_\_\_\_\_

☐ This is an unpaid position

**Describe your role with the employer and how that role is directly related to enhancing your knowledge obtained through your academic program at Harvard**

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\_\_\_\_\_  
*Signature of student*

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

## **SECTION 2: TO BE COMPLETED AND SIGNED BY THE EMPLOYER**

### **Understanding Academic Training**

Harvard University has been designated by the U.S. Department of State (DOS) to sponsor an Exchange Visitor Program (EVP). The EVP was developed to implement the Mutual Educational and Cultural Exchange Act (Fulbright-Hayes Act) of 1961. The overall purpose of that Act, and the objective of the Exchange Visitor category, is "to increase mutual understanding between the people of the United States and the people of other countries by means of educational and cultural exchanges" (22 CFR part 62). All programs are required by DOS regulations to ensure that all Exchange Visitors in their program obtain the best overall experience. The regulations are written with this in mind. DOS states that Academic Training experiences for J-1 students should consist of bona fide training activities that are designed to expose participants to the operations of their field.

**Describe how the assignment with the employer will help the student achieve his or her specific objectives for work-based learning related to his or her academic degree.**

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**I have provided and reviewed the information above and certify that I understand the purpose of AT.**

\_\_\_\_\_  
*Signature of the supervisor*

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

**Printed name and title of the supervisor:** \_\_\_\_\_

**SECTION 3: TO BE COMPLETED AND SIGNED BY THE ACADEMIC ADVISOR**

**Describe why this training is an integral or critical part of the student's academic program at Harvard**

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**As the student's Academic Advisor (or equivalent), I have provided and reviewed the above information. I approve the proposed training for the student. With this form, I recommend that you authorize the student to participate in this specific Academic Training program.**

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***Signature of the academic advisor (or equivalent)***

***Date***

**Name and title of the academic advisor:** \_\_\_\_\_

***Additional Requirements for students:***

You are required to submit an evaluation at the end of every Academic Training experience.

You are also legally required to maintain appropriate health insurance during the Academic Training period.