



The Catholic University of America Academic Training Request Form (J-1 Students only)

Please complete this form and return it to the International Student and Scholar Services Office with a copy of your **I-94 Information, DS2019** and **job offer letter** prior to commencing any employment

TO BE COMPLETED BY THE STUDENT

First Name: _____ Family Name: _____

School: _____ Major: _____

Name of Proposed Employer: _____

Address of Proposed Employer: _____

City, State, Zip of Employer: _____

Telephone of Employer: _____

List dates of all previously approved
period of AT

What are the proposed goals and
objectives of this training opportunity?

Briefly describe the proposed
employment

Proposed salary, if any: \$ _____ per _____ (hour, week, month, total)

Dates of proposed training/employment: ____/____/____ to ____/____/____

Number of hours per week: _____

The above information is true and accurate to the best of my knowledge

Signature of Student: _____ Date: _____

To BE COMPLETED BY ACADEMIC ADVISOR

Please check the most appropriate option:

Student named above is a currently enrolled student, expected to complete his/her studies on: ____/____/____

Student named above was enrolled as a full-time student, and completed his/her studies on: ____/____/____

I have read the above job description and have determined that (check one):

The proposed employment is in the student’s field of academic study and would be beneficial to the student. It is directly related to the student’s studies and is critical to the student’s further development.

The proposed employment is not in the student’s field of academic study.

Signature of Academic Advisor: _____ Date: _____

Name of Academic Advisor: _____

Telephone: _____ E-mail: _____

To BE COMPLETED BY ISSS

This academic training request has been:

Approved Denied Reason: _____

Signature of DSO: _____ Date: _____

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**.

Return form to:

Office of International Student and Scholar Services

315 McMahan Hall

Phone: 202-319-5618

Fax: 202-319-5894