Who should complete this form?

All eligible undergraduate international students in J-1 status who intend to participate in Pre-Completion or Post-Completion Academic Training (AT), paid or unpaid.

Is there anything I should know before completing this application?

- A student **cannot** engage in AT until they receive written authorization from the Office of Global Services (OGS), and may work only within the dates specified on the DS-2019 that they will be issued. Working without first obtaining authorization from the OGS or working outside of the dates authorized is a serious violation that could result in the loss of immigration status.
- Any additional training dates or orientation dates must be authorized in advance.
- J-1 students can generally participate in a total of 18 months of AT, which includes Pre-Completion AT and Post-Completion AT.

How do I complete and submit this application?

Print out the Academic Training (AT) Authorization Request Form and have the second page completed and signed by your designated advisor. Once this form is completed and signed, you must log into the myOGS e-form, upload the completed AT Authorization Request Form, along with other applicable documents, and submit the e-form. The e-form can be found at:

- Boston Students: [https://myissi.northeastern.edu/istart/controllers/client/ClientEngine.cfm?serviceid=EFormF1CPTandJ1ATRequest0ServiceProvider](https://myissi.northeastern.edu/istart/controllers/client/ClientEngine.cfm?serviceid=EFormF1CPTandJ1ATRequest0ServiceProvider)
- Seattle Students: [https://myissi.northeastern.edu/istart/controllers/client/ClientEngine.cfm?serviceid=EFormF1CPTandJ1ATRequest1ServiceProvider](https://myissi.northeastern.edu/istart/controllers/client/ClientEngine.cfm?serviceid=EFormF1CPTandJ1ATRequest1ServiceProvider)

What other documents will I need to submit?

- Original offer letter (must be on company letterhead, with employment start date, and compensation)
- Copy of valid passport, J-1 visa, and I-94 (that indicates J-1 and D/S)
- Health Insurance Compliance Form
- For Post-Completion only: if AT salary is less than $2,334 per month, then you must also submit financial documentation to supplement your offer letter.

How do I know if I am authorized?

Students will receive an email from the Office of Global Services when their new DS-2019, along with other authorization documents, are ready for pickup. The processing time is 10 business days.

- You must pick up your documents from the Office of Global Services prior to your start date
- You can only work within the AT dates and at the location indicated on the DS-2019
- Please remember to keep all previous DS-2019s

**Important:** Incomplete or inaccurate requests will be denied and will need to be resubmitted. Please ensure this form is completed entirely and accurately. It is the policy of Northeastern University that a graduate student is not eligible to apply for Pre-Completion AT if they currently hold or is in the process of obtaining a Graduate Assistantship during the same time period of the requested Pre-Completion AT.
Part I: Student Information (to be completed by the student)

Name: ____________________________________________
Northeastern ID: _________________________________
Major: _________________________________________
Degree Level:  □ Bachelor’s  □ Master’s  □ Doctorate

Part II: Employment Information (to be completed by the Academic Advisor and/or Graduate School SEVIS contact)

Title of Student’s Position: _______________________________________________________________
Supervisor Name: _________________________________________    Supervisor Email: __________________________
Requested Start Date: ________ /________ /__________    Requested End Date: ________ /________ /__________
Pre-Completion Academic Training (AT)   Post-Completion Academic Training (AT)
Hours per week: ____________________________      Total Compensation: ________________________

Primary Employer (who will be paying the student)
Name: _____________________________________________________________________________________________
Address: ___________________________________________________________________________________________

Secondary Employer (where the student will be physically working. Only required if this differs from the primary employer.)
Name: _____________________________________________________________________________________________
Address: ____________________________________________________________________________________________

What are the goals and objectives of the above listed training program?
____________________________________________________________________________________________________
____________________________________________________________________________________________________

How does this training relate to the student’s major field of study?
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Why is the training an integral or critical part of the academic program of exchange?
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Advisor Information and Authorization:
Name: __________________________________________________________    Extension: ______________________
Email: ____________________________      College: ____________________________

As the student’s advisor or Dean, I have described the nature and details of the Academic Training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With this form, I recommend that this student be authorized to participate in the Academic Training program.

Advisor Signature: _______________________________________________________________     Date: _______________

Graduate School Dean/SEVIS Contact Signature*:______________________________________    Date: _______________

*Required for BCHS and CAMD only