

J-1 Student Academic Training Acknowledgements and Responsibilities

Student Name: _____ Select One: _____

Dates of Academic Training: _____ Employer Name: _____

1. I acknowledge Academic Training does not change my visa type or J-1 category. I understand I am still a J-1 visa holder in a student category who is authorized for employment under the J-1 student benefit of Academic Training. I acknowledge the UF International Center and the Exchange Visitor Services unit (EVS) will continue to maintain my J-1 sponsorship and non-immigrant monitoring responsibilities. I acknowledge I am not eligible to transfer my J-1 sponsorship (SEVIS to SEVIS transfer) to another U.S. institution while under post-completion Academic Training.
2. I understand Academic Training is a specific authorization with needed details of the employment opportunity. I acknowledge any and all employment must be approved and authorized by my EVS advisor prior to starting the employment. Academic Training must be authorized for employment which is paid or unpaid, and must be directly related to my field of student as a UF sponsored J-1 student. Any additional, continuing or change of employment opportunity must be communicated to my EVS advisor for approval and authorization before any changes are made or a new or continuing employment opportunity started.
3. I confirm the information and details provided to my EVS advisor about my Academic Training are true and accurate. Should any details about my authorized employment change such as my supervisor, supervisor's email and/or phone number, site of activity, salary and/or employment dates will be communicated in advance to my EVS advisor for approval and to conduct the needed amendments.
4. I confirm Academic Training may not be authorized for a tenured track faculty position.
5. I acknowledge should my authorized employment end, prior to my currently authorized Academic Training end date, regardless of the reason, I will communicate this information in a timely and appropriate manner with my EVS advisor.
6. I acknowledge any representative from the UFIC may contact my Academic Training employer/s to verify my employment details and/or to confirm my employment is active.
7. I acknowledge health insurance is required at all times for me and any accompanying J-2 dependents. Should the Academic Training be pre-completion (during my UF program) I must adhere to UF Student Insurance requirements. The UF student requirements meet and highly exceed the basic J visa holder insurance requirements. Should I be on post-completion Academic Training (after my UF program) I acknowledge I must maintain appropriate and continuous insurance coverage which meets the basic J visa holder insurance requirements as mandated by the U.S. Department of State, which includes any accompanying J-2 dependents. Should health insurance be provided by my Academic Training employer, I acknowledge many domestic U.S. insurance policies do not cover the needed medical evacuation and repatriation requirements. Should I need this supplemental coverage to combine with my primary coverage, I have access to TRAWICK as shown on the EVS insurance page for the supplemental coverage (or I may select another provider for the needed supplemental coverage).
8. I acknowledge I will adhere to the insurance requirements for myself and any accompanying J-2 dependents. I will make all necessary arrangements to communicate with my EVS advisor and/or the UFIC Health Insurance Specialist to keep all needed insurances up to date and continuous. I acknowledge my due diligence to respond to inquiries about by health insurance from the UFIC, my EVS advisor and the UFIC Health Insurance Specialist. Lack of communication which can lead to failure to maintain appropriate and continuous health insurance for me and any accompanying J-2 dependents can jeopardize our J visa status.
9. I understand I have the right to appropriate and accurate advising from the UFIC, the EVS unit, my EVS advisor and the UFIC Health Insurance Specialist. I acknowledge the UFIC as a whole cannot be held accountable for any advising about my J-1 visa status, that of my J-2 dependents, and related insurance requirements that I may receive outside of the UFIC.

I have read and understand the above requirements and responsibilities. I have asked an EVS representative for clarification of any requirement which I did not understand. I understand and will be responsible for the above requirements of maintaining my J-1 visa status and that of any accompanying J-2 dependents, as well as the needed specifics for the J-1 authorization for Academic Training. I acknowledge should I violate any of the above requirements and responsibilities such can be a cause for denial of Academic Training or termination of a current Academic Training authorization.

Signature of Primary Exchange Visitor (J-1): _____ Date: _____