BSMP APPLICATION FOR ACADEMIC TRAINING

All Brazil Scientific Mobility Program grantees are required to actively seek an Academic Training (AT) opportunity. AT should be directly related to your field of study and take place during the summer of your grant for a minimum of 8 weeks and generally for no more than 12 weeks, beginning no later than 30 days after your spring term ends. Please return this form to IIE at *BrazilAT@iie.org* at least two (2) weeks prior to the commencement of your proposed AT. **Please complete the form entirely before sending it to your AT supervisor and Academic Adviser for signature.**

PART A – Contact Information: *Please complete all fields below. Please print clearly.*

FIRST NAME: _____ LAST NAME: _____

HOME COUNTRY: _____ IIE ID # _____

ADDRESS IN THE U.S.:

NUMBER AND STREET NAME: _____

BUILDING NAME AND ROOM # (*if applicable*): _____

CITY: _____ STATE: _____ ZIP CODE (5 digits): _____

EMAIL ADDRESS: _____ TELEPHONE: _____

U.S. HOST INSTITUTION: _____ FIELD OF STUDY: _____

PROPOSED ACADEMIC TRAINING SITE: _____

PART B – Proposed Academic Training Details *Please complete all fields below. Please print clearly.*

1. Please list the date of your final exam for your **Spring 2013** term (*month/day/year*): ____/____/_____
2. If applicable, please list the start date of classes for your **Fall 2013** term (*month/day/year*): ____/____/_____
3. Academic Training Start Date: ____/____/____ Academic Training End Date: ____/____/____(*month/day/year*)
4. Please indicate the address where you will work during your academic training (*office, lab, etc.*):

   NUMBER AND STREET NAME: _____

   CITY: _____ STATE: _____ ZIP CODE (5 digits): _____
5. Proposed academic training position/title: _____
6. Number of hours you will work per week: _____ hours
7. Is this a paid position?

   □ Yes* □ No *If yes, please indicate your hourly wage or salary*: $ _____

   If yes, please indicate any benefits (if applicable): _____

8. Will you receive academic credit for this position? *If your position will earn you academic credit, please attach a separate sheet with your course schedule, a description of the credit cost and other fees associated with this opportunity.*

   □ Yes. It is required by the employer that I receive credit in order to participate in this opportunityand I have attached an email or letter from my employer to this document.
   □ Yes. It is not required by the employer that I receive credit, but I am choosing to receive credit for this activity.
   □ No, I am not receiving academic credit for this activity.

*If you participate in Academic Training or any other approved student employment, any income paid to you for these activities is subject to U.S. income tax regulations and withholding of all local, state and federal taxes except social security. It is your sole responsibility to inquire with the IRS and respective State tax authorities to see if you are required to pay additional tax on this income. It is also your sole responsibility to obtain all proper documentation and to file income tax returns with the IRS or State tax authorities whether or not you incur a tax liability. IIE will not be able to assist you with federal or state tax filing preparation.

PART C –Reason for Request for Proposed Academic Training: *Please complete all fields below. Please print clearly*.

1. Propose a brief description of the goals and objectives of your proposed academic training:

_____
_____
_____
_____
_____
_____
_____

2. Provide a brief description of how this academic training opportunity relates to your program and field of study and how it composes an integral or critical part of your academic program:

_____
_____
_____
_____
_____
_____

PART D – Living Arrangements and Health Insurance *Please complete all fields below. Please print clearly.*

1. Please indicate the address where you will reside (*apartment, dorm, etc.*) during your academic training:
   □ On campus at my current institution (*Room and board billable to IIE*)
   □ On campus at another U.S. institution that is not my current host university (*Room and board billable to IIE*)
   □ Off campus (*If you must pay for this housing, you will receive a stipend from CAPES to arrange your own housing and cover the cost of room and board, meals, and other living expenses*)
   □ My employer is providing housing and I do not have to pay for it.

2. Are you able to enroll in a meal plan over the summer?
   □ Yes □ No □ My employer is providing me with meals

3. Will you have health insurance coverage from your host university during any of your summer academic training? *Please confirm with your insurance company that your coverage is valid for the activities and location of your Academic Training and meets J-1 regulations.*

   □ Yes. I've confirmed that I will continue to receive coverage under my current insurance plan which meets J-1 regulations until: ___/____/_____(*month/day/year*).
   □ Partially. I've confirmed that I will be covered under my current insurance plan which meets J-1 regulations until ___/____/_____(*month/day/year*), which is part way through my AT, but after this date I will need coverage through IIE for the rest of my AT.
   □ No. My current insurance plan does not cover me during my Academic Training and ends on: ___/__/___ (*month/day/year*). IIE will purchase health insurance on my behalf.

4. If you are leaving your university housing for Academic Training, are you able to remain in on-campus housing (including in a different dorm from where you live now) during the time between your last day of finals and your first day of Academic Training?

   □ Yes. I've confirmed that I can stay in on-campus housing until: _____/_____/_____(*month/day/year*).
   □ No. My university will not allow me to stay in on-campus housing for this time.

PART E – Student Signature

By signing this Request for Academic Training Approval, I hereby certify that the above information is true and correct. I also reconfirm my commitment to comply with section 212(E) of the Immigration and Nationality Act, the two year home residency agreement. My signature below confirms that I will comply with the two-year home country residency requirement and fulfill my obligation to return to Brazil upon completion of the Brazil Scientific Mobility Program. Conclusion of my academic training should not lead to permanent employment in the United States.

In addition, I acknowledge and accept that IIE has full discretion to cancel my visa sponsorship at any point should conditions warrant such action, and that I am bound to all provisions and obligations stipulated in my original Terms of Appointment as well as the laws of the United States.

Exchange Visitor Signature: _____Date: _____

PART F – Endorsement of Academic Advisor

I hereby confirm that I have reviewed the request above and all the information provided herein is true and correct. In addition, I certify that the aforementioned BSMP student's performance has been satisfactory in all respects and remains in good standing. Accordingly, I fully support this Academic Training request and will continue to provide this student with supervision and mentoring throughout his/her program. *If unable to certify, please explain by attaching a separate sheet.*

Signature of Advisor: _____Date: _____

Name of Advisor: _____ Title: _____ _

Name of University: _____ _

Address: _____

Telephone: _____ Email: _____

PART G – Endorsement of Immediate Academic Training Supervisor

I hereby confirm that I have reviewed the request above and all the information provided herein is true and correct. I am aware that this academic training opportunity granted under the J-1 Exchange Visitor Program is limited and is not intended to lead to permanent employment within the United States. I agree to notify IIE immediately should the above training arrangements change in any way. This opportunity does not include direct patient contact. *If unable to certify, please explain by attaching a separate sheet.*

Signature of Supervisor: _____Date: _____

Name of Supervisor: _____Title: _____

Name of University/Institution/Organization/Company: _____

Address: _____

Telephone: _____ Email: _____

Human Resources Contact: _____Telephone: _____

Travel Grace Period - Following the completion of a J-1 exchange visitor's program, the period defined on the Form DS-2019, the United States Citizenship and Immigration Services (USCIS) allows exchange visitors 30 days to settle their affairs, travel and visit friends/family, and prepare for departure. This is commonly referred to as the "Grace Period." During this 30-day grace period, J-1 exchange visitors are no longer in J-visa status, and are then under the jurisdiction of the USCIS. Under no circumstances can exchange visitors continue and/or complete exchange activities; this includes taking classes/final exams, conducting research, or participating in Academic Training/internships. Please note that while you may travel within the U.S., we recommend that you do not travel beyond the borders of the United States as you may not be permitted re-entry.

Patient Contact – Brazil Scientific Mobility Program students, as bearers of J-1 visas, are not permitted to engage in any position related to clinical care that involves patient contact. By signing this form, students, advisors, and Academic Training supervisors attest that the Exchange Visitor will have no direct patient contact during the Academic Training opportunity.