BSMP APPLICATION FOR PART-TIME ACADEMIC TRAINING

Brazil Scientific Mobility Program grantees are permitted to have a part-time Academic Training opportunity during the second semester of their grants as long as it counts as academic credit during the semester/trimester/quarter for which it was approved. No BSMP grantee will be allowed to participate in Academic Training activities during the student's first semester. Training should be directly related to your field of study and include no more than 20 hours of work per week. Please return this form to IIE **along with a job description or offer letter** to: *BrazilAT@iie.org*. The form and job description must be received at least two (2) weeks prior to the commencement of your proposed academic training.

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: _____

NAME OF UNIVERSITY IN BRAZIL: _____

PROPOSED ACADEMIC TRAINING SITE: _____

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

1. Current Semester Start Date: ____/____/_____ Current Semester End Date: _____/____/____ *(month/day/year).*
2. Academic Training Start Date: ____/____/_____ Academic Training End Date: ___/____/_____(*month/day/year)*.
3. Please indicate the address where you will work during your academic training (*office, lab, etc.*):

   Address: _____

   City: _____ State: _____ Zip Code: _____
4. Proposed academic training position/title: _____
5. Number of hours you will work per week: _____ hours
   Please note that you may not work over 20 hours per week.
6. Is this a paid position?

   □ Yes* □ No *If yes, please indicate your hourly wage or salary:* $ _____
7. All part-time AT must be remunerated in academic credit. Will you earn academic credit for this AT opportunity?

   □ Yes □ No *If yes, please indicate the number of credits:* _____

*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:

_____

_____

_____

_____

_____

3. Please explain how you plan to balance the demands of your part-time Academic Training with your academic courseload.

_____

_____

_____

_____

_____

PART D – Student Signature

By signing this Request 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.

I also understand that BSMP grantees may receive academic credit for only one AT opportunity during their grant. By signing this form, I recognize that the Brazil Scientific Mobility Program will not fund an additional credit-bearing AT opportunity during my grant. Further, I attest that I have not previously completed a credit-bearing AT opportunity funded by the Brazil Scientific Mobility Program.

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 E – 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 extension 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 F – 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. *If unable to certify, please explain by attaching a separate sheet.*

Signature of Supervisor: _____Date: _____

Name of Supervisor: _____Title: _____

Name of Organization: ___ _____

Address: _____

Telephone: _____ Email: _____

Human Resources Contact: _____Telephone: _____

Travel Grace Period - 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.