J-1 Student Intern
Department Certification

**To be completed by the faculty sponsor/supervisor of the student intern**

Student full name ___________________________ Department ___________________________

As the faculty sponsor and supervisor of the above-named student intern, I confirm the following information:

☐ The internship will expose the student intern to American techniques, methodologies, and technology; will expand his or her existing knowledge and skills; and will not duplicate his or her prior experience. The internship will consist of work-based learning and not unskilled labor.

☐ The internship will be full time, consisting of at least 32 hours per week.

☐ The internship will consist of no more than 20% clerical work.

☐ The student intern will not displace a full- or part-time temporary or permanent American worker.

☐ The internship will not in any way involve a staffing or employment agency.

☐ The responsibilities of the student intern will not include unskilled or casual labor, child or elder care, aviation, clinical work, or other patient care or contact.

☐ The internship does not exist to fill a labor need. The internship exists solely to assist the student intern in achieving the objectives of his or her participation in a student internship program.

☐ The student intern has verifiable English language skills sufficient to function on a day-to-day basis in the internship environment. Required English language skills have been verified via:
  ☐ Personal Interview
  ☐ Recognized language test (TOEFL/IELTS)
  ☐ Documentation from an academic institution or English language school

☐ The student intern is limited to a maximum duration of 12 months at this degree level. Extensions beyond 12 months are not possible. This internship is not long-term employment and is not intended to develop into such.

☐ The department will complete the OGS evaluation process for the student intern. The final evaluation must be submitted within 15 days of the end of the internship and before the student intern departs the United States. If the duration of the internship is greater than six months, the department will conduct a mid-point evaluation and a final evaluation.

Name of sponsoring faculty member ___________________________ First name ___________________________ Last name ___________________________

Email ___________________________ Phone ___________________________

Signature ___________________________ Date ___________________________ mm/dd/yyyy

Name of department director/chair ___________________________ First name ___________________________ Last name ___________________________

Signature ___________________________ Date ___________________________ mm/dd/yyyy

Last updated on 10/17/2016