J-1 Student Intern Student and Home Institution Certification

A. This section is to be completed by the Student Intern

Last name ___________________________________________ First name ______________________________

Date of birth __________________________ Email ______________________________

Field of study / major __________________________________________ Degree level ______________________________

Expected completion date of internship _____________ NYU department ______________________________

mm/dd/yyyy

As a prospective participant in the J-1 Student Intern program at NYU, I confirm the following information:

☐ I am currently enrolled in good academic standing and pursuing a degree at an accredited postsecondary academic institution outside the United States.

☐ The internship I am accepting will fulfill educational objectives for my current degree program at my home institution.

☐ I agree to return to my academic program outside the United States and complete my degree program there after completion of the student internship program.

☐ I understand that I may not engage in paid or unpaid employment outside of the specific internship to which I have been invited at NYU.

☐ I agree to participate in the department evaluation process during and at the conclusion of my internship.

☐ I have sufficient funds to pay for my living expenses for the duration of the internship and have provided evidence of this funding with my application.

☐ I understand that New York University does not guarantee housing for student interns.

☐ I am aware that as a J-1 Exchange Visitor, I am required to have health insurance coverage for the duration of my program. I agree to provide proof of health insurance coverage for myself and any dependents upon arrival in the United States. I am aware that coverage must meet the minimum of:

☐ $100,000 per accident or illness

☐ $50,000 for emergency medical evacuation

☐ $25,000 for repatriation of remains

☐ The deductible per illness or accident must not exceed $500

☐ I agree to check in with NYU Office of Global Services upon arrival in the United States prior to my program start date.

Signature ___________________________________________ Phone ______________________________

Date ______________________________ mm/dd/yyyy

Last updated on 10/17/2016
B. This section is to be completed by the dean or academic advisor at the Student Intern's home institution

The above-named student is applying to complete an internship at New York University. The Student Intern's home institution must certify the following information:

☐ This institution is an accredited postsecondary academic institution outside the United States.

☐ The above-named student is currently enrolled and in good academic standing at this institution.

☐ It is my understanding that the student plans to return to this institution to complete his or her degree program following completion of the internship New York University.

☐ The proposed internship at New York University will fulfill educational objectives for the student's degree program at this institution.

☐ I approve of the student's employment associated with the Student Intern program New York University.

This student is expected:  
(1) to begin the internship at New York University on: 

mm/dd/yyyy

(2) to return to resume studies at the home institution by: 

mm/dd/yyyy

(3) to complete their program of study at the home institution by: 

mm/dd/yyyy

Last name __________________________ First name __________________________

Email __________________________ Phone __________________________

Institution __________________________

Address __________________________

Signature __________________________ Date mm/dd/yyyy __________________________