



J-1 Student Intern: Department Request and Certification

Please complete the form below (type, do not hand-write) and send the completed form with supporting documents by email to the Office of Global Services, International Faculty and Research Scholar Services: ogs.scholars@nyu.edu.

A. Internship Details

Internship Dates

From To

Dates must match the dates indicated in the department invitation letter and on the Form DS-7002 Training/Internship Placement Plan

NYU Department Information

NYU Department Name Department Address
Department Administrator Name
Department Administrator Email
Faculty Sponsor Name
Faculty Sponsor Email

B. Applicant's Information

NYU ID
Full name Given Name/First Name Middle Name(s) if applicable Surname/Last Name
Date of Birth City of Birth Country of Birth
Country of Citizenship Country of Legal Permanent Residence
Permanent address

Does the applicant have a spouse or children who will require J-1 status? Yes (if 'Yes', complete Dependent Section) No

Current Degree Level (select one): Undergraduate Student (bachelor's degree) Graduate Student (master's degree) Postgraduate Student (doctoral degree)

Last Occupation or Degree Level in Country of Legal Permanent Residence and name of employer/institution (if different than above):

If applicant has ever held J-1 status in the US before, please list below:

Table with 3 columns: Dates, Visa Sponsor / Institution, J-1 Category (e.g. Student Intern)

Is the applicant currently in the US? Yes No

If 'Yes', what is the applicant's current immigration status? (i.e. B-1, F-1, J-1)

If currently in the US, attach a copy of applicant's I-94 record with application



### C. Funding Information

The student intern must have financial resources adequate to provide for all expenses in the United States. All NYU Student Interns must be able to demonstrate \$2,500 per month in funding, plus additional funding for any dependents (additional \$1,000/month for a spouse and \$500/month per child.)

Attach applicant's financial documentation (e.g. personal bank statement, loan document, etc) dated within the past 6 months demonstrating possession of adequate funds that covers all costs. Indicate in chart the source of fund below:

Source of Funds	Amount
New York University	\$
Home Government	\$
Home Institution	\$
Personal	\$
Family (include affidavit of support)	\$
Other:	\$
Other:	\$
Other:	\$

### D. Dependent Information

J-1 visitors may be accompanied by their legally married spouse or children (under 21) as J-2 dependents. If accompanied to the US by immediate family members, attach a copy of each dependent's passport photo page as well as additional financial documentation as indicated above.

	Dependent 1	Dependent 2	Dependent 3
Last name			
First name			
Middle name			
Relationship (Spouse or Child?)			
Gender (Male or Female?)			
Date of birth (mm/dd/yy)			
City of birth			
Country of birth			
Country of citizenship			
Country of permanent address			
Arriving with student (yes/no). If 'no', arrival date			

### E. Health Insurance

Federal regulations require that all J-1 exchange visitors and J-2 dependents have health insurance that meets specified minimum requirements. Coverage must run for the entire duration of the exchange visitor's program in the US. Failure to maintain adequate insurance coverage is a violation of US government regulations can result in termination of J-1/J-2 status. The J-1 scholar will be required to show proof of adequate insurance upon arrival to the US. Please see our website for more information about J health insurance regulations ([www.bit.ly/J1insurance](http://www.bit.ly/J1insurance)).



# Department Certification

To be signed by the faculty sponsor/supervisor and the department director/chair.

Student first name \_\_\_\_\_

Student last name \_\_\_\_\_

As the faculty sponsor and supervisor of the above-named student intern, I confirm the following information: (check off boxes):

- 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