



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: (check off boxes):

- Checkboxes for internship details: exposure to American techniques, full-time status, clerical work, displacement of workers, staffing agency, unskilled labor, labor need, English language skills, duration, and evaluation process.

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