



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	_____ mm/dd/yyyy	NYU department	_____

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

- 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



NYU

Office of
Global Services

OGS MANHATTAN

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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 (check off boxes):

- 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