



Pine Dale Hall, Suite 7123
 285 Old Westport Road
 North Dartmouth, MA 02747
 Phone: 508-910-6633 Fax: 508-910-6588
 Email: INTL_OFFICE@umassd.edu

J-1 Student Intern Application

To be completed by sponsoring faculty member.

****Please submit a copy of an approved honorific appointment along with this packet.****

Name of Faculty Sponsor					
Name of College or School			Academic Department		
Campus Email			Campus Address		
Campus Phone			Campus Fax		
About the Student Intern (* As it appears on passport)					
Last Name (*)			First Name (*)		
Middle Name (*)			Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Birth (mm/dd/yyyy)		City of Birth		Country of Birth	
Country of Citizenship			Country of Legal Permanent Residence		
Personal Address in Home Country					
Email			Phone Number		
Address Where Visa Document Should Be Sent					
Requested Dates of Internship (mm/dd/yyyy)		Start Date		End Date	
On campus location where Intern will be working					
Description of Internship Activities					
Financial Support – We must have original financial documents indicating you have sufficient funding for the full term of your appointment. All documents must be in English and in U.S. currency.					
• Funding Amount			Funding Source		
• Funding Amount			Funding Source		
• Funding Amount			Funding Source		
Name of Intern's Home Institution					
Degree sought at Home Institution			Field of Study		
Other Regulatory Requirements					
Check box to acknowledge	<input type="checkbox"/>	I understand that J visa holders are required to carry the health insurance coverage required by the US Department of State.			
We recommend that you arrange for insurance coverage before you arrive in the U.S. Health care in the U.S. is very expensive. If you chose to purchase insurance coverage outside of the U.S., in most cases, you will have to pay for your medical care when you received it. You will then be responsible for submitting paperwork to your insurer for reimbursement. (Cont'd.)					

Student interns are eligible to purchase scholar health insurance meeting the above Department of State Requirements through the University of Massachusetts campuses:

https://www.aetnastudenthealth.com/stu_conn/student_connection.aspx?GroupID=474964

I confirm that the Student Intern's English Language skills are sufficient to function on a day to day basis in the internship environment based on one of the following methods (please check the appropriate method)

<input type="checkbox"/>	Through a personal Interview
<input type="checkbox"/>	By a recognized language test
<input type="checkbox"/>	By documentation received from an academic institution or English Language School

Faculty Signature	Faculty (Printed Name)
College Dean Signature	College Dean (Printed Name)