

FORM B: J-1 STUDENT INTERN EXTENSION APPLICATION

DIRECTIONS: J-1 Student Interns must submit this completed form including p. 2 “**Certification of Academic Status**,” Form DS-7002, and all other supporting documents (passport biographical page(s) for yourself and dependents, financial support, etc.) directly to your sponsoring department at UCSD. Please read detailed instructions at: <http://ifso.ucsd.edu/dept-facilitators/j1/index.html#J-1-Student-Intern-Instructions>.

SECTION 1: PERSONAL INFORMATION

1. Passport Family/Last Name:		Passport Given/First Name:		Middle Name:	
2. E-mail:				3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Date of Birth: (ex: January 1, 1985)				5. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
6. Current Residential Address:					
7. City:			8. State & Zip Code		
10. Are you currently inside the U.S? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, attach a copy of current immigration documents.)					
9a. Are you subject to the two-year home country residence requirement- 212(e)? <input type="checkbox"/> No <input type="checkbox"/> Yes (see original DS-2019 consular section & J-1 visa stamp annotation)			9b. If YES, have you applied for the 212(e) waiver? <input type="checkbox"/> No <input type="checkbox"/> Yes (include a copy of the recommendation letter or USCIS approval notice)		

SECTION 2: DEPENDENT INFORMATION

11. Complete this section for family members who will enter the U.S. as your **J-2 dependents only**.

Family Name, First Name, Middle Name	Relationship (i.e. wife, daughter or son)	Date of birth (i.e. Jan. 1, 2000)	City of Birth	Country of Birth	Country of Citizenship	Country of Permanent Residence
12. Will your dependent travel together with you to the U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes				13. If NO, expected arrival date:		

SECTION 3: STUDENT INTERN CERTIFICATION

Please read the following carefully and sign below indicating you understand that:

- This internship fulfills the educational objectives of my current degree program at my home institution; I am expected to complete this degree program, in my home country after this J-1 internship. This information is documented with the attached, p. 2 “**Certification of Academic Status**,” which has been completed by my dean or academic advisor.
- My UCSD internship supervisor will evaluate my progress at the end of the internship program. If the internship is longer than 6 months, I will also be evaluated at the mid-point of the program.
- The internship cannot last longer than 12 months.
- Employment outside of my specific program activity, listed on [Form DS-7002 p. 2](#), is illegal.
- Any activity that is NOT part of my internship is restricted. I must obtain approval from my department and from IFSO before I participate in any academic or professional activity that is not part of my program, as described on the [Form DS-7002 p. 2](#).
- U.S. government regulations require that all participants in J-1 exchange visitor status (and J-2 dependents) purchase adequate health insurance as defined by the Department of State. I have signed and attached [Form C: Health Insurance Memorandum of Understanding](#).
- I must register and attend a J-1 orientation session at IFSO within 15 days of arrival.
- IFSO must validate my SEVIS record within 15 days of the start date of my program. I will notify my department if my arrival will be delayed.

UC San Diego Signature: _____ Date: _____

**FORM B, PAGE 2: CERTIFICATION OF ACADEMIC STATUS
DEAN OR ACADEMIC ADVISOR OF STUDENT INTERN**

DIRECTIONS: This form should be completed by the Intern's Dean or Academic Advisor in the home country institution (not in the U.S.). This information is to certify that the Intern is a currently enrolled, degree-seeking student outside of the U.S. and how the proposed internship at the University of California San Diego (UCSD) is essential to Intern's academic pursuits. The Intern should show the official a copy of the [Form DS-7002: Training/Internship Placement Plan](#) completed by the Intern's prospective Supervisor. The official may place this form B, p. 2, in a sealed envelope to ensure privacy, if he or she chooses.

SECTION 1: STUDENT INTERN INFORMATION

1. Passport Family/Last Name:	Passport Given/First Name:	Middle Name:
2. UCSan Diego Academic Department Hosting the Intern (ex. Biology Department):		
4. Name of Home Institution:		
5. Mailing Address of Home Institution:		
6. Major Field of Study (ex. Biology):	7. Degree Sought (ex. Bachelor, Master, Doctorate):	
8. Anticipated Date of Completion of Degree: (mm/dd/yyyy)	9. Dates of Internship: From: (mm/dd/yyyy)	To: (mm/dd/yyyy)
10. How will this UCSD internship program fulfill the educational objectives of the student's current degree program?		

SECTION 2: DEAN/ACADEMIC ADVISOR CERTIFICATION

I hereby certify the following information for the above listed student:

- The information provided on this form is accurate;
- The student is enrolled at and is pursuing a post-secondary degree at this institution;
- The student is in good academic standing (ex. is not under "suspension" or "probation");
- The student has the appropriate educational background to participate in the internship program;
- The internship will fulfill the educational objectives of the student's course of study;
- The internship will expose the student to American techniques, methodologies, and technology that will expand upon his or her current knowledge or skills;
- The student will be returning to this institution to complete his/her studies upon completion of the internship program;
- There is no objection to the student receiving wages or other remuneration for participating in this program;
- I have reviewed a copy of the [Form DS-7002: Training/Internship Placement Plan](#) completed by the Intern's prospective UCSD Supervisor.

Name of Dean or Academic Advisor (please print):	Signature:
Title:	Date:
Email address:	Telephone Number: