

SUPPLEMENTAL FORM: STUDENT INTERN ACADEMIC CERTIFICATION

Prospective J-1 Interns must upload this completed form, and all other supporting documents (passport biographical page(s) for yourself and dependents, financial support, etc.), directly to your sponsoring department at UCSD.

SECTION 1: COMPLETED BY SCHOLAR

Name of Scholar: _____
(Family/Last Name)
(First Name)
(Middle Name)

UC San Diego Academic Department Hosting the Intern (e.g. Biology Department):

Name of Home Institution:

Major Field of Study (e.g. Biology):

Degree Sought (e.g. Bachelor, Master, Doctorate):

Anticipated Date of Completion of Degree (MM/DD/YYYY):

Dates of Internship (MM/DD/YYYY):

From:

To:

How will this UCSD internship program fulfill the educational objectives of the student's current degree program?

STUDENT INTERN CERTIFICATION, by signing below, I hereby certify that I 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 **"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 on p. 2 of the form DS-2019.
- I must register and attend a J-1 orientation session at IFSO within 15 days of arrival in order for IFSO to validate my SEVIS record. I will notify my department if my arrival will be delayed.

Signature:

Date:

SECTION 2: COMPLETED BY 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.

Department Dean or Academic Advisor:

Signature:

Title:

Date:

Email Address: