

International Services and Engagement Office University of California, San Diego 9500 Gilman Drive #0018, La Jolla, CA 92093 ischolars@ucsd.edu | iseo.ucsd.edu

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 UC San Diego.

	MPLETED BY SCHOLAR	,
Name of Scholar:	(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	r, 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 degre	e program?
STUDENT INTERN CERTIFICATION, by signing below, I herel	by certify that I understand that:	
 degree program in my home country after this J-1 internship. which has been completed by my dean or academic advisor. My UCSD internship supervisor will evaluate my progress at 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 or Any activity that is NOT part of my internship is restricted. In any academic or professional activity that is not part of my program activity that is not part of my professional activity that all participants in J-insurance as defined by the Department of State on p. 2 of the Information session at ISEO on notify my department if my arrival will be delayed. 	the end of the internship program. If the internship program, as described from my department and rogram, as described on the Form DS-7002 per exchange visitor status (and J-2 dependence form DS-2019.	rnship is longer than 6 months, I d from ISEO before I participate i p. 2. hts) purchase adequate health
Signature:	Date:	
 CERTIFICATION, I hereby certify the following information for the The information provided on this form is accurate; The student is enrolled at and is pursuing a post-secondary of the student is in good academic standing (ex. is not under "soft am fully aware and approve of the internship plan proposed the student has the appropriate educational background to post the internship will fulfill the educational objectives of the student internship will expose the student to American technique knowledge or skills; The student will be returning to this institution to complete his internship will expose the student receiving wages or other internship wages	degree at this institution; suspension" or "probation"); I by the UCSD Supervisor participate in the internship program; dent's course of study; es, methodologies, and technology that will e s/her studies upon completion of the internsh	nip program;
Title:	Date.	
Email Address:	1	