



BROWN

Office of International Student & Scholar Services

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DS-2019 Request for J-1 Student Intern

The Student Intern category is available to international students currently enrolled in and pursuing a degree at a postsecondary academic institution outside the United States whose U.S. internship will fulfill the educational objectives for a current degree program at their home institution.

Site of Activity Information:

Department: _____ Department Website: _____

Department Administrator Name: _____ Phone: _____

Mailing Address: _____

Faculty Sponsor's Name: _____ Title: _____

Phone: _____ E-mail: _____

Address of Internship Site: _____

_____ City _____ State _____ Zip
Code

DUNS Number: 001785542 Employer Identification Number (EIN): 05-0258809

Student Intern Information:

Student Intern's Name: _____ Male _____ Female
Last Name First Name

Date of Birth: _____ City & Country of Birth: _____
Month/Day/Year

Country of Citizenship: _____ Country of Permanent Residency: _____

Home Country Address: _____

_____ Phone: _____

Email: _____

Current Degree Level: _____ Undergraduate _____ Graduate Field of Study: _____

Expected Date of Graduation: _____

Academic institution in which the Student Intern is currently enrolled outside of the U.S.:

Name: _____ City and Country: _____

Has Student Intern previously been in a J-1 Intern program at this degree level?
____ Yes ____ No (Note: students are only eligible to participate in one J-1 Student Intern program per degree level)

Dates of Appointment (should not exceed 12 months): From: _____ To: _____
Month/Day/Year Month/Day/Year

Briefly describe the primary educational activity in which the Student Intern will engage:

Has the Student Intern previously been in J-1 status? ____ Yes ____ No

If Yes, from _____ to _____ Indicate the J-1 category: _____
Month/Day/Year Month/Day/Year

Name of Institution: _____ City, State: _____

If the Student Intern is currently in the U.S. please indicate her/his current immigration status: __

The Student Intern plans to bring dependent family members: ____ No ____ Yes

If yes, please complete the following:

Name (Last, First)	Relationship	Date of Birth	City and Country of Birth	Country of Citizenship	Country of Permanent Residence

Financial Information:

Financial Support Guidelines: For Exchange Visitor: \$2225/month. If family members will accompany visitor, please allow \$450 per month for spouse and \$300 per month per child. **Health and accident insurance is mandatory for visitors and accompanying dependents. Further details about health insurance will be provided to visitors before their arrival in the U.S. (Exchange Visitors are not required to have insurance until their arrival in the U.S.)**

Source and amount of Student Intern’s financial support for duration of the internship program:

Brown University: \$ _____

Student Intern’s Government: \$ _____ **Please attach a grant letter or financial statement.**

Other Organization’s Name: _____ \$ _____

Please attach a grant letter or financial statement.

Personal Funds: \$ _____ **Please attach a financial statement.**

Internship Placement Plan:

Each Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (i.e. classes, individual instruction, shadowing, ect.). Each phase must build upon the previous phase to show a progression in the training/internship.

Will the internship consist of more than one phase?

_____ No- internship will consist of only 1 phase _____ Yes- Internship will consist of multiple phases.

Phase # _____ of _____
Dates of this Phase: (mm/dd/yyyy) _____ to _____

<i>Brief Description of Intern's Role for this Program or this Phase:</i>
<i>Specific Tasks and Activities to be Completed for this Program or for this Phase:</i>
<i>Specific Goals and Objectives for this Program or for this Phase:</i>
<i>Knowledge, Skills, or Techniques to be Imparted During this Program:</i>
<i>Methods of Performance Evaluation and Methods of Supervision or for this Phase:</i> <small>(Note: For internships lasting less than 6 months a written evaluation must be submitted to OISSS by completion of the internship. For internships lasting longer than 6 months a written evaluation must be submitted to OISSS at the mid-point of the internship and the conclusion of the internship.)</small>

Faculty Sponsor's Signature _____ Date _____

I hereby certify that this department supports this request to sponsor a J-1 Student Intern.

Department Chair's Printed Name _____

Department Chair's Signature _____ Date _____