

J-1 STUDENT INTERN DS-2019 REQUEST

- ✓ **Initial review time for J-1 Student Intern requests is 10-15 days.**
- ✓ **Initial requests MUST be received a minimum of 8 weeks prior to the anticipated arrival date.**
- ✓ **Export Control Worksheet (ECW) must be submitted to MSU Export office on or before the DS-2019 request submission date (exempt if program involves no research)**

CHECKLIST FOR COMPLETED APPLICATIONS:

- J-1 INTERN REQUEST FORM
- OFFER LETTER (Must include start and end dates, brief description of activities, and compensation if applicable. Template Included)
- REQUIRED CONFIRMATIONS FOR J-1 STUDENT INTERNSHIPS FORM, (Pages 6-7)
- HOST DEPARTMENT CONFIRMATIONS (Page 8)
- DS-7002
- HOME INSTITUTION CERTIFICATION LETTER (Template Included, Page 9)
- COPY OF PASSPORT IDENTITY PAGE
- COPIES OF PREVIOUS STUDENT INTERN DS-7002s (IF APPLICABLE)
- PROOF OF FUNDS (Required only if compensation does not exceed \$1,500 per month)

Proof of funds must be on letterhead or stamped, signed, dated and no older than 6 months. It also has to be in English OR provided in its original form with a third party translation that includes the 'Certification by Translator' found below.

The following example must be reproduced on a separate document:

Certification by Translator

I [typed name], certify that I am fluent (conversant) in the English and _____ languages, and that the above/attached document is an accurate translation of the document attached entitled _____.

Signature _____

Date _____

Typed Name _____

Address _____

If the internship will take place at an off-campus host organization, the following documents are also required:

- ADDITIONAL CONFIRMATIONS FOR OFF-CAMPUS HOSTS FORM
- COPIES OF THE HOST ORGANIZATION'S ADVERTISING, BROCHURES, AND/OR WEB SITE
- INTERNSHIP HOST CERTIFICATION LETTER (Template included)

MINIMUM FUNDING REQUIREMENTS FOR J-1 INTERNS		
** Amounts listed may change	LIVING EXPENSES Per month	LIVING EXPENSES Per year
STUDENT INTERN	\$1,500	\$18,000
FUNDING REQUIREMENTS FOR DEPENDENTS		
Spouse (wife/husband)	\$5,000 Per year	\$3,000 x # of children
Each child under 21	\$3,000 Per year	

INSURANCE REQUIREMENTS:

Federal regulations require that all J-1 and J-2 visa holders carry health insurance at all times. The MSU host department may purchase this insurance at its discretion. If the host department does not provide health insurance, then it is the student intern's responsibility to obtain sufficient health insurance for the duration of the program for him/her and all dependent family members. Minimum health insurance requirements for J visa holders are as follows:

- * \$100,000 per sickness/illness
- * \$100,000 per accident/injury
- * \$50,000 for medical evacuation
- * \$25,000 for repatriation
- * Maximum \$500 deductible

Health insurance for MSU employees meets the above requirements. If the student intern is not eligible for MSU employee health insurance, sufficient health insurance may be purchased through the MSU Benefits Office, from the student intern's home country, or through a private health insurance provider in the United States.

J-1 INTERN REQUEST: To be completed by prospective intern:

Has this person ever been in J-1 Student Intern status before? Yes or No

If yes, please provide copy of previous DS-7002(s).

Name must be entered exactly as it appears on the Passport

Surname:	Given Name(s):
Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth date (MM/DD/YYYY):
City of birth:	Country of birth:
Country of citizenship:	Country of legal permanent residence*:
Last position in home country: Student <input type="checkbox"/> Employee <input type="checkbox"/>	
<i>If student, specify:</i> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
<i>If employee, specify:</i> Job title: Employer (name of organization):	
Marital Status: Married? Yes <input type="checkbox"/> No <input type="checkbox"/>	Children: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address:	Email Address:

Family members who will accompany the student intern:

SPOUSE:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #1:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #2:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

**If country of Legal Permanent Residence is different from country of citizenship, please provide proof*

ADDITIONAL DEPENDENT(S) INFORMATION:

Family members who will accompany the visitor:

CHILD #3:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #4:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #5:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #6:

Surname:	Given Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

**If country of Legal Permanent Residence is different from country of citizenship, please provide proof.*

Please Note: All dependents are required to carry health insurance that meets the requirements on page 1.

J-1 INTERN REQUEST: To be completed by MSU host department

INTERN'S NAME:		BIRTHDATE:
PROGRAM START AND END DATES: from (M/D/YY):		to (M/D/YY):
Category field code (please refer to the link to select the appropriate code at: http://tinyurl.com/cip2010):		
Professor/Collaborator in department: <i>(Who will work with the intern)</i>		Phone: Email:
**Location of activity & address:		
**Address Line 1:		
**Address Line 2:		
**City:	**State:	**Zip Code:

****Exact location where J-visitor will be working/studying**

SOURCE OF FUNDS FOR THE DURATION OF REQUESTED VISIT
<input type="checkbox"/> MSU Department Funds: \$ Health insurance provided by Department? Yes <input type="checkbox"/> No <input type="checkbox"/> Intern providing health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Intern's Government: \$
<input type="checkbox"/> Other funds (including employer funds): \$
Source of other funds:
<input type="checkbox"/> Personal/Family funds: \$

Departments must arrange housing for the prospective intern.

<p>The department Head/Dean/Chairperson/Director must approve this host arrangement and sign below. In lieu of signature, the department Head/Dean/Chairperson/Director must send OISS an email giving approval.</p>		
Signature: _____ (Head/Dean/Chairperson/Director) Typed Name: Title: Department: Dept. Address: Phone: Date: ____/____/____	Person to contact when DS-2019 is ready: Name: E-mail: Phone:	Please submit this request to OISS in a manila envelope, with the label of "J-1 Request" OR by email to jvisas@msu.edu . Office for International Students & Scholars International Center 427 N. Shaw Lane – Room 105 East Lansing, MI 48824 If you have additional questions about this process please email: jvisas@msu.edu .

Date Required

Dear **Exchange Visitor's Name (EV)**,

We would like to formally invite you to Michigan State University as a visiting J-1 Student Intern.
(The invitation letter to the Student Intern needs to include the EV category name.)

Your program will begin on: **xx/xx/xx** and end on **xx/xx/xx**.

During your time here you will be working with: **faculty member's name or lab** and engaging in your J-1 program at least **XX** hours per week. Your program objective will be to: **give internship objective(s)**.

- ***Base the above description of objective(s) on one or more of these category driven descriptors below:***
 - ***Role of the student intern in the program***
 - ***Tasks to be given to him or her***
 - ***Activities he or she will be participating in***
 - ***Any specific goals or objectives you would like the student intern to achieve in their time at MSU***
 - ***Specific knowledge, skills, or techniques he or she will be trained in***

****Please clearly define your expectations for the EV's program during their time here.***

****At minimum this description should be three bullet points in length***

We will be providing you with **\$XXXX on a monthly or annual basis**. Depending on your lifestyle preferences, additional funds may be needed to support yourself (and any dependents) while at MSU.

(If your department will not be providing funding for the EV, please indicate where the funds for their program will be coming from and any other resources you will make available to them e.g. office space or access to the library.)

Healthcare insurance is a mandatory requirement for J-1 and J-2 visa holders: **if your department will be providing coverage please indicate this.** ***(If otherwise, instruct the EV to obtain their own coverage and that they may utilize OISS for consultation.)***

You will be required to fulfill the mandatory government check-in once you have arrived at MSU, please consult the enclosed materials for more information on when and how to meet this immigration requirement.

Include any other additional comments or information that you would like to provide.

Sincerely,

Signature Required

Full Name

Title

Required Confirmations for J-1 Exchange Visitor's English Proficiency

Federal visa regulations require that the program sponsor (MSU) obtains confirmation that the J-1 Exchange Visitor possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis. OISS is responsible for documenting this requirement.

Exchange Visitor's Information:

SURNAME:
GIVEN NAME(S):
BIRTHDATE:

The host department has confirmed the prospective Exchange Visitor's English proficiency through the following means (check the appropriate box):

- The EV has taken a recognized English test and meets the minimum standard for MSU provisional admission listed here: http://www.admissions.msu.edu/admission/international_requirements.asp

(Documentation of test score must accompany this application.)

- The EV has undertaken and passed an English language curriculum.

(Letter from academic institution or English language school must accompany this application.)

- The department has conducted an interview in-person or by videoconferencing (Skype), or by telephone if videoconferencing is not a viable option and determined that the EV is adequately proficient in the English language.

Interview conducted by:

Name

Title

Date of interview

Form of interview (in-person, Skype, telephone, etc.)

Interviewer statement:

I believe this person's English ability is enough to successfully participate in his/her program.

Signature of Interviewer

Date

Required Confirmations for J-1 Student Internships

Federal visa regulations require that OISS obtain confirmation of the following items.

INTERN'S NAME:	BIRTHDATE:
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The department contact should check the following boxes and initial at the bottom:

- I confirm that the internship program will engage the student intern for a minimum of 32 hours per week.
- I confirm that the internship program will require no more than 20% clerical duties.
- I confirm that we are not placing the student intern in an unskilled or casual labor position, in a position that requires or involves child care or elder care, a position in the field of aviation, or, in clinical positions or engaging in any other kind of work that involves patient care or contact, including any work that would require student interns to provide therapy, medication, or other clinical or medical care (e.g., sports or physical therapy, psychological counseling, nursing, dentistry, veterinary medicine, social work, speech therapy, or early childhood education).
- I confirm a final written evaluation will be conducted by the supervisor and signed by both the supervisor and intern. I understand that if an internship is longer than 6 months, both a final and a mid-term evaluation must be submitted to OISS.

Faculty Contact Initials: _____

Required Confirmation for Hospitality Business Student Interns ONLY

- I confirm that all "Hospitality and Tourism" student internship programs six months or longer contain at least three departmental or functional rotations.

Faculty Contact Initials: _____

Required Host Department Confirmations

PRE-ARRIVAL:

- FEES: Is your department charging a fee to host this student-intern? ___ Yes ___ No
(If yes, OISS will charge your Department a processing fee of: \$100 for Student-Interns with programs of 6 months or less or \$350 for Student-Interns with programs longer than 6 months.)
- We, the Department, are responsible for making housing arrangements for the student-intern.
- We, the Department, are responsible for ensuring the student-intern has safe transportation from the airport to their lodging.

ARRIVAL:

- We, the Department, are responsible for helping the student-intern with their initial shopping trips to obtain immediately necessary supplies (i.e. towels, bedding, cooking supplies).
- I confirm I will provide the student-intern access to any necessary resources such as library facilities, course observation, and office resources.
- I understand we will ensure the student-intern checks-in with OISS as soon as possible after arrival.

ACADEMIC AND PROGRAMMATIC SUPPORT:

- I confirm I will engage in regular collaborative contact with the student-intern during the J-1 program and understand a minimum of monthly contact is required.
- I understand I need to provide regular and timely communication with OISS regarding any issues or concerns that arise and will encourage the student-intern to do the same.
- If there are material changes to an student-intern's program (i.e. site of activity, change in supervisor, funding updates), we must immediately submit an Update Notification Form with supporting documents to OISS as soon as possible.
- Should we wish to extend the student-intern's program, I understand we are responsible for submitting the DS-2019 Student-Intern Extension Request to OISS.

COMPLETION OF J-1 PROGRAM:

- I understand that should the student-intern's appointment end and s/he is unable to find an alternative host arrangement, the student-intern will be required to leave the U.S.
- If the student-intern is not performing as expected, I will provide at least two weeks' notice prior to termination of the student-intern's assignment.
- If the student-intern completes her/his program early, I will ensure they submit the Notice of Departure to OISS.

Faculty Contact Initials: _____

Home Institution Certification

Federal visa regulations require that OISS obtain the following certification from the intern's educational institution in his/her home country. The letter must be signed by the student's dean or academic advisor at the home institution. A copy of the letter must accompany this application.

The following text must be reproduced on the home institution's letterhead with the relevant information filled in.

US Department of State
Consular Officer

Regarding: J-1 Student Intern applicant [first name, last name, date of birth] .

Dear Sir or Madam:

Our institution facilitates a curriculum at the post-secondary level and is accredited by
 [accrediting body] .

I certify that the above-named student is currently in good academic standing with our institution. It is my understanding that after completing the student internship program at Michigan State University, s/he intends to return to our institution to complete his/her degree program.

I further certify that the student internship program at Michigan State University will fulfill the educational objectives for the student's current degree program at our institution.

[Include the following only if employment is part of the proposed internship]

I approve of the student's employment during the course of the internship program.

Sincerely,

[Dean or Academic Advisor]

[Address]

[Email address]

[Phone]

Additional Confirmations for Off-Campus Hosts

Federal visa regulations require that OISS obtain confirmation of the following items.

INTERN'S NAME:	BIRTHDATE:
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I confirm that the internship host has sufficient resources, plant, equipment, and trained personnel available to provide the specified student internship program.

Department Chair Initials: _____

Host organization's Dun & Bradstreet identification number: <i>(Not required if the host organization is an academic institution, government entity, or family farm)</i>	
Employer Identification Number (EIN) used for tax purposes	

Please attach copies of the host organization's advertising, brochures, or web site in order to verify the host's telephone number, address, and professional activities.

Site Visit

A site visit of the internship host is necessary if any of the following criteria are met:

1. The host organization has not previously successfully participated in the internship program **or**
2. The host has fewer than 25 employees **or**
3. The host has less than \$3 million in annual revenue.

Please note that internships taking place at academic institutions and federal, state, or local government offices are excluded from this requirement.

The purpose of the site visit is to ensure that each host organization possesses and maintains the ability and resources to provide structured and guided work-based learning experiences according to individualized Training/Internship Placement Plans (DS-7002) and that each host organization understands and meets its obligations under federal regulations.

Please complete one of the following:

- I certify that none of the above criteria are met and therefore a site visit is not necessary.

Department Chair Initials: _____

- A site visit was conducted on (date) _____ by the following person(s):

Department Chair Initials: _____

Internship Host Certification

Federal visa regulations require that OISS obtain the following certification from the internship host organization. A copy of the letter must accompany this application.

The following text must be reproduced on the host organization's letterhead with the relevant information filled in.

US Department of State
Consular Officer

Regarding: J-1 Student Intern applicant [name, date of birth] .

Dear Sir or Madam:

The above-named applicant will undertake an internship with our organization. I certify that his/her position will not displace a full-or part-time temporary or permanent US worker or serve to fill a labor need. The internship position exists solely to assist the student intern in achieving the objectives of his or her participation in the student internship program.

[Include the following paragraph only if the internship is in the field of agriculture.]

I further certify that this agricultural internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S. C. 201 *et seq.*) and the Migrant and Seasonal Agricultural Worker Protection Act, as amended (29 U.S.C. 1801 *et seq.*).

Our organization has a workman's compensation insurance policy that will be valid for the duration of the internship.

Sincerely,
[Authorized Representative]
[Address]
[Email address]
[Phone]