

J-1 STUDENT INTERN DS-2019 REQUEST

MICHIGAN STATE
UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657

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

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

Name must be exactly as it appears on the passport

Surname:		Given Name(s):	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	E-mail:	
City of birth:		Country of birth:	
Country of Citizenship:		Country of legal permanent residence*:	
Last position in home country: <input type="checkbox"/> Student <input type="checkbox"/> Employee			
<i>If student, specify:</i>		<i>If employee, specify:</i>	
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		Job title	
		Employer (name of organization)	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Children: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Family members who will accompany the student intern

SPOUSE:

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

CHILD #2:

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

If the student intern has more children, please duplicate this page to add them.

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

PROGRAM START AND END DATES: from			to		
Category field code (select the appropriate 6-digit CIP code here):					
Host Professor/Supervisor:				Phone:	
				Email:	
*Name of the Site of Activity (department/lab):					
*Address Line 1:			* Address Line 2:		
*City		*State:		*Zip Code:	

***Exact location where J-1 Student Intern will conduct their program**

SOURCE OF FUNDS FOR THE DURATION OF REQUESTED VISIT
MSU Department Funds: \$
Student's Government Funds: \$
Other Funds: \$ Name of organization providing support:
Personal/Family Funds: \$

Host department is required to confirm the following (please check each box):

- The internship program will engage the student intern for a minimum of 32 hours per week.
- The internship program will require no more than 20% clerical duties.
- The student intern will NOT be placed 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).
- A final written evaluation will be conducted by the supervisor and signed by both the supervisor and intern.
- If the internship is longer than 6 months, both a final and a mid-point evaluation must be submitted to OISS.

[Hospitality Business Student Interns ONLY](#)

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

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 jvisas@msu.edu an email giving approval.

Signature:	Date:
Name:	Title:

Department Contact Information	
Name:	
Email:	Phone: