**FORM A: SPONSORING DEPARTMENT APPLICATION FOR J-1 STUDENT INTERNS**

**DIRECTIONS:** To be completed by the CSUN sponsoring department for inviting J-1 Student Interns. All information should be typed.

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| **SECTION 1: INTERN NAME AND PROGRAM INFORMATION** | |
| **1. Passport Family/Last Name:** | **Passport Given/First Name(s):** | | | **Middle Name:** |
| |  | | --- | | **2. Internship Dates:**  (Month/Day/Year) **From:** | | |  | | --- | | **To:** | | | 3. Position Title: | |

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| **SECTION 2: FINANCIAL SUPPORT INFORMATION** | |
| **Is the department providing financial support?** | * Yes | | * No |
| **If Yes, What Kind?:** | | | |

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| **SECTION 3: Sponsoring Department Certification** |

**PLEASE READ CAREFULLY BEFORE YOU SIGN THIS FORM. A few important conditions are listed below, however, there are *several* additional J-1 Internship program requirements listed in 22 CFR Part 62.**

**Signatures below indicate that you agree to *all* of the requirements, not just those listed on this page.**

I agree to sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as a Student Intern and I certify that:

(Student Name)

* The information provided in this application is accurate.
* I understand that International & Exchange Student Center (FACULTY AFFAIRS) expects student intern application materials to be submitted 3 months prior to the requested start date of the internship to accommodate: initial eligibility determination, document issuance, submission of receipts verifying payment of Campus Health Insurance and any processing fees, as well as U.S. consulate visa processing.
* This student internship program will fulfill the educational objectives for the Student Intern’s current degree program at his or her home institution.
* Confirm that any financial award offered to the J Student Intern will not be retracted upon arrival of the Student Intern. Any changes in funding must be approved by the department head, as well as by FACULTY AFFAIRS.
* The department will not place a Student Intern in a position that could bring the Exchange Visitor Program (EVP) or the Department of State (DOS) into notoriety or disrepute. The CSUN Faculty Supervisor will notify FACULTY AFFAIRS of any information regarding the Student intern that might be a cause of embarrassment or disgrace to the DOS or EVP, to include, but not limited to, arrest, or engagement in illegal or immoral activities.
* I will notify FACULTY AFFAIRS in the event of an emergency involving a Student Intern, as well as any information that I receive about the Student Intern that might represent a possible threat to their safety, security, welfare, or general well-being.
* The Student Intern has been verbally interviewed by a full time member of the departmental staff/faculty to ensure they are an appropriate fit for the internship.
* This is a full-time internship (32 hours or more per week).
* I attest that continuous on-site supervision and mentoring of the Student Interns will be provided by experienced and knowledgeable staff, and that the Student Intern will acquire skills, knowledge, competencies through the structured and guided activities listed in the T/IPP (which include activities such as classroom training, seminars, rotation through several different departments, attendance at conference and similar learning activities).
* Student Intern will be required to purchase health insurance prior to issuance of the DS2019 (Certificate of Eligibility for Exchange Visitor Status) for the duration of their time in the U.S. as a J-1 Student Intern (health insurance must be valid from the date of entry into the U.S. to the date of departure from the U.S.).
* The student internship will expose the student intern to American techniques, methodologies, and technology and expands upon the participants’ existing skills and does not duplicate their existing skills.
* Interns will obtain skills, knowledge, and competencies through structured and guided activities.
* The department must ensure that it has sufficient resources, plant, equipment and trained personnel available to provide the specified internship program.
* I understand that any on-the-job training or internship that the Intern participates in meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.). Internships in the field of Agriculture meet all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.) and the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. § 1801 et seq.).
* This internship program is not designed to recruit and train aliens for employment in the U.S.
* Interns will not displace full- or part-time, seasonal, temporary or permanent American workers or serve to fill a labor need, and the positions that student interns fill exist solely to assist them in achieving the objectives listed in the T/IPP, and not as sources of labor.
* The student intern is primarily in the U.S. to engage in the student internship program rather than to engage in employment or provide services to the department.
* The department will not place 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 kinds of work that involves patient care or contact, including any work that would require student interns to provide therapy, medication or other clinical care. The student intern will not participate in any “CLINICAL” activity and the internship will not even remotely allow for the possibility to easily do any clinical activities.
* The intern position does not include more than 20% clerical work, and that all tasks assigned to the student intern are necessary for completion of the student intern program.
* The department will not engage or otherwise cooperate or contract with a staffing/employment agency to recruit, screen, orient, place, evaluate, or train student interns, or in any other way involve agencies in an Exchange Visitor Program student internship program.
* The department will complete and file with FACULTY AFFAIRS the required evaluations in a timely manner and understands that failure to submit these evaluations will result in the termination of the J1 student intern’s status. Such evaluations include a concluding evaluation, and programs lasting more than 6 months must do a midpoint evaluation, as well as a concluding evaluation.
* The department will ensure that the Student Intern checks in with FACULTY AFFAIRS upon arrival and brings their immigration documents with them. The Student Intern must also check-out with FACULTY AFFAIRS at the completion of their internship program. The student intern’s SEVIS record may be invalidated or terminated if he/she fails to check-in with FACULTY AFFAIRS and provide a U.S. address within 10 days of the program start date
* The department will inform FACULTY AFFAIRS if the intern is arriving later than the program start date listed so the date can be amended.
* I will notify FACULTY AFFAIRS at the earliest possible opportunity if the Intern is not receiving the type of training delineated on their T/IPP, as well as any deviations from the Form DS-7002, Training/Internship Placement Plan (T/IPP), to include, but not limited to, changes of Supervisor, or changes in rotational assignments.
* The department will report to FACULTY AFFAIRS the termination and/or departure of the student intern from CSUN and will submit the completed “Form D: Departure Form” to the FACULTY AFFAIRS.
* I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62) <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title22/22cfr62_main_02.tpl>

**Intern Supervisor’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intern Supervisor’s name (printed)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE PAGE**

**DEPARTMENT CHAIR’S SIGNATURE**: The signature of the sponsoring department’s/program’s chair/coordinator indicates approval of the plan and the department’s readiness to assume the responsibilities involved in sponsoring and hosting this proposed J-1 Student Intern.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**MANAGER OF ACADEMIC RESOURCES**: The signature of the sponsoring college’s MAR, below, indicates that all elements of the Financial Guarantee form have been reviewed.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the College MAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGE DEAN’S SIGNATURE**: The signature of the sponsoring department’s/program’s dean indicates the college’s support for this proposed J-1 Student Intern, confirmation that the proposed visit will be of significant benefit to CSUN and the college’s faculty and students, and that the college confirms its willingness to provide the resources and support needed for this J-1 Student Intern as outlined above.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY AFFAIRS**: The signature of the Senior Director of Academic Personnel confirms that this form has been completed in keeping with University procedures and provides the information necessary to approve the request and process a formal letter of invitation.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**CSUN PROVOST**: The signature of the Provost (or designee) indicates that the Provost has been informed of this planned visit and supports its moving forward as described above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Return Completed form to:**

**Carmen Lichtscheidl**

**Office of Faculty Affairs**

**UN 225**

**Mail Code: 8220**