**FORM B: J-1 Student Intern Application**

**INSTRUCTIONS:** Prospective J-1 Student Interns must submit this completed form including p. 2 “**Student Intern Attestation**,” p.3 “**Certification of Academic Status**” Form DS-7002, and all other supporting documents (passport biographical page(s) for you and dependents, financial guarantee form and financial support, etc.) directly to the Office of Faculty Affairs at CSUN.

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| **SECTION 1: Personal Information** | | | | | |
| 1. **Passport Family/Last Name:** | | **Passport Given/First Name(s):** | | | | | | | **Middle Name:** |
| 2. **Permanent Address:** | | | | | | | | 3**. Gender:**  Male Female | |
| 4. **Email:** | | | **Telephone #:** | | | | | 5. **Marital Status:**  MarriedSingle | |
| 6. **Date of Birth:** (mm/dd/yyyy) | 7. **City of Birth:** | | | | | | 8. **Country of Birth:** | | |
| 9. **Country of Citizenship:** | | | | 10. **Country of Legal Permanent Residence:** | | | | | |
| 11. **Are you currently inside the U.S.?**  **No Yes (explain)**  (If Yes, attach a copy of current immigration documents.) | | | | | | | | | |
| 12. **Home University:** | | | | | | | | | |
| 13. **Field of Study:** | | | | | 14. **Advisor’s Name:** | | | | |

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| **SECTION 2: Dependent Information** |

15. Complete this section for family members who will enter the U.S. as your **J-2 Dependents only.**

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| **Name** (Family, First, Middle) | Relationship (i.e. Wife, husband, daughter, son) | Date of Birth (mm/dd/yyyy): | City of Birth | Country of Birth | Country of Citizenship | Country of Permanent Residence |
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| 16. Will your dependent travel together with you to the U.S.? **No** **Yes** | | | | 17. If No, expected arrival date: | | |

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| **Form B, Page 2: Student Intern Attestation** |

**INSTRUCTIONS**: Please read the following carefully and sign below:

I am applying for a J-1 program at California State University, Northridge (CSUN). I attest to the following:

* I will return to the academic program at my home institution outside the United States to fulfill and obtain a degree after completion of this J1 internship program at CSUN. This information is documented with the attached, p. 3 “Certification of Academic Status,” which has been completed by my dean or academic advisor.
* I will check-in with the Office of Faculty Affairs the next business day after my arrival in the United States. I must register and attend a J-1 orientation session at Office of Faculty Affairs within 15 days of arrival. During my Orientation at the Office of Faculty Affairs, I will read the Informed Consent/ Waiver and Release Form, then sign, date and submit it to Office of Faculty Affairs. I also understand that I must check-out with the Office of Faculty Affairs at the completion of my internship program.
* Office of Faculty Affairs must validate my SEVIS record within 15 days of the start date of my program. I will notify Office of Faculty Affairs and my department if my arrival will be delayed.
* I acknowledge that I have reviewed, understand, and will follow Form DS-7002: Training/Internship Placement Plan (T/IPP).
* I am entering the Exchange Visitor Program in order to participate as an Intern as delineated in the T/IPP, and not to simply engage in labor or work in the United States.
* I will contact Office of Faculty Affairs if concerns arise that the internship is not being provided as described in section 4 of the Training/Internship Placement Plan.
* I will be evaluated by my CSUN internship supervisor at the end of the internship program. If the internship is longer than six months, I will also be evaluated at the midpoint of the program.
* I understand that I will not be able to transfer to an internship in another institution or change my category under the Exchange Visitor Program. Employment outside of my specific program activity, listed on Form DS-7002 p. 2, is illegal.
* Any activity that is NOT part of my internship is restricted. I must obtain approval from my department and from Office of Faculty Affairs before I participate in any academic or professional activity that is not part of my program, as described on the Form DS-7002 p. 2.
* I understand that the internship program cannot last longer than 12 months in duration.
* I will have sufficient finances to cover the living expenses of myself and my dependents for the duration of the internship program.
* I understand that I must purchase adequate health insurance as defined by the Department of State for myself and all dependents for the entire duration of my J1 program (from the date of entry into the U.S. to the date of departure from the U.S.) in accordance with U.S. Department of State. To fulfill this requirement, I have signed and attached “Form C: Health Insurance Memorandum of Understanding” and I will submit proof of health insurance to the Office of Faculty Affairs.

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Form B, Page 3: CERTIFICATION OF ACADEMIC STATUS**  **(For Home Institution Dean or Academic Advisor of Student Intern)** |

**INSTRUCTIONS:** This form should be completed by the Student Intern’s home institution Dean or Academic Advisor in the sending country. This information is to certify that the Intern is a currently enrolled, degree-seeking student outside of the U.S. and how the proposed internship at the California State University, Northridge (CSUN) is essential to the Student Intern’s academic pursuits. The Student Intern should show the official a copy of the Form DS-7002: Training/Internship Placement Plan completed by the Intern’s prospective Supervisor. The official may place this form B, p.3, in a sealed envelope to ensure privacy, if he or she chooses.

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| **SECTION 1: Student Intern Information** | | |
| 1. **Passport Family/Last Name:** | **Passport Given/First Name(s):** | | | **Middle Name:** |
| 2. **CSUN Hosting Academic Department** (e.g. College of Business)**:** | | | | |
| 3. **Name of Home Institution:** | | | | |
| 4. **Mailing Address of Home Institution:** | | | | |
| 5. **Major Field of Study** (Current Degree Program, e.g. Business)**:** | | 6. **Degree Sought** (e.g. Bachelor, Master, Doctorate)**:** | | |
| 7. **Anticipated Date of Degree Completion:** (mm/dd/yyyy) | | 8. **Dates of CSUN Internship:**  **From:** (mm/dd/yyyy) **To:** (mm/dd/yyyy) | | |
| 9. Will this CSUN internship program fulfill the educational objectives of the student’s current degree program? **No Yes**  Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **SECTION 2: Home Institution Dean/Academic Advisor Certification** |

**I hereby certify the following information for the above listed student:**

1. The information provided on this form is accurate;

2. The student is enrolled at and is pursuing a post-secondary degree at this home institution;

3. The student is in good academic standing (e.g. is not under “suspension” or “probation”);

4. The student has the appropriate educational background to participate in the internship program;

5. The internship will fulfill the educational objectives of the student's course of study;

6. The internship will expose the student to American techniques, methodologies, and technology that will expand upon his or her current knowledge or skills;

7. The student will be returning to this home institution to complete his/her studies upon completion of the internship program;

8. There is no objection to the student receiving wages or other remuneration for participating in this program;

9. I have reviewed a copy of the Form DS-7002: Training/Internship Placement Plan completed by the Intern’s prospective CSUN Supervisor.

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| **Name of Dean or Academic Advisor** (Please Print)**:** | **Signature :** |
| **Title:** | **Date:** |
| **Email Address:** | **Institutional Stamp:** |
| **Telephone Number:** |