



J-1 "Student Intern" – Home Academic Institution Certification

Request for sponsorship in J-1 "Student Intern" category to be filed on behalf of prospective intern
To be Completed by Student's Home Academic Institution and submitted with Form A

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦ 02215
♦ Telephone: 617/353-3565 ♦ issosch@bu.edu ♦ www.bu.edu/isso ♦

The student named below is requesting permission to complete an academic internship at Boston University. The information requested below is required in order for Boston University International Students and Scholars Office to assist this student in obtaining immigration sponsorship under the J-1 "Student Intern" category.

A. Student Intern - Personal Information		
LAST Name / Family Name / Surname:	First Name / Given Name:	Middle Name(s), if applicable:

B. Confirmation of Degree Program		
Name of Student's Home Academic Institution:		
Name of Department or Academic Program:		
Address of Academic Institution:	City:	Country:
Type of Degree or Certificate in which student is enrolled: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate <input type="checkbox"/> Other: _____	Student's Major Field(s) of Study:	Student's Degree Completion Date (mm/dd/yyyy) – Awarded or Expected: ____/____/20____

C. Certification by Academic Institution	
Is the student eligible to return to his/her academic program at the above-named institution after completion of the proposed internship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will this internship meet an academic requirement for his/her degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student eligible to receive payment or compensation (if applicable) for his internship activities in the U.S.? (Note: Per U.S. immigration regulations, a student in J-1 "Student Intern" classification may only receive U.S. payment for internship activities if such payment is authorized by the home academic institution. Answering this question does not guarantee that funding for the research activity will be available.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Signature of Academic Advisor or Official from Academic Institution	
The information provided above is complete and true to the best of my knowledge. On behalf of the above-named academic institution, I, hereby, recommend this student's participation in this internship activity.	
Signature of Academic Institution Official:	Date (mm/dd/yyyy)
Name of Academic Institution Official:	Title of Academic Institution Official: