

## J-1 PROSPECTIVE STUDENT-INTERN VERIFICATION OF ELIGIBILITY

UNIVERSITY OF MINNESOTA

**The J-1 Student-Intern visa category has specific benefits and limitations.** The University of Minnesota, therefore, must verify if the category is appropriate and if the prospective visitor is eligible for it. **The UMN department should complete the top; the remainder of this form must be completed and signed by the prospective Student-Intern and returned to the UMN Department contact person named below.**

### University of Minnesota Host Department Information

1. UMN Department

Name

Street Address

City

State

Zip Code

2. Contact Person

Name

Phone Number

Email Address

3. Faculty Mentor  
(If Different From Above)

Name

Phone Number

Email Address

### Student-Intern's Biographical Information

4. Student-Intern Name  
(must match passport)

Surname/Primary Name

First Name/Given Name

5. Gender

Male

Female

6. Date of Birth

(mm/dd/yyyy)

7. Location of Birth

City

Country

8. Citizenship

Country

9. Legal Permanent  
Residence

Country

10. Email Address

### Education/Employment Information

11. Highest Educational Degree Completed or in Progress (check the appropriate box)

Bachelor's

Master's

Doctorate

Other

If In Progress:

Expected Date of Completion (MM/DD/YYYY)

12. Foreign Institution

Name

City, Country

Major/Discipline

Specialization

13. Internship Dates

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

# Education/Employment Information, Continued

This page must be completed by the prospective Student-Intern.  
Please read the following statements and answer Yes or No.

14. I have sufficient ability in the English language in order to function on a daily basis.  
NOTE: Evidence of English ability is required of all J Exchange Visitors.  Yes  No
15. I have been in the U.S. in the J-1 Student-Intern category in the past.  Yes  No
16. I am currently in the United States. (If YES, attach copies of your visa status documents including current form visa stamp, and I-95 record)  Yes  No
17. My dependents (spouse and/or children under the age of 21) will accompany me.  Yes  No
18. I have been in the U.S. in the past 12 months on a J-1 visa.  
If YES, attach copies of all DS-2019s and J-1 visa stamp and complete the following:  Yes  No
- Responsible Officer/Alternate Responsible Officer Name
- Email Address
- Phone
19. I have a passport valid for six months beyond the date that I intend to return to my home country.  Yes  No
20. I understand that the primary objective of my visit to UMN is to engage in a full-time internship of at least 32 hours per week.  Yes  No
21. I am currently enrolled in a post-secondary academic institution outside the U.S., and I am in good academic standing at my institution.  Yes  No
22. The internship I am seeking at the University of Minnesota fulfills educational objectives of my current academic program at my home institution. My dean or academic advisor will write a letter of support to confirm this.  Yes  No
23. After completing the Student-Internship program at the University of Minnesota, I will return to my home institution to complete my degree requirements.  Yes  No

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## Attestation of Information Provided and Medical Insurance Compliance

I certify that the information provided in this application is complete and true to the best of my knowledge.

I acknowledge that I will be responsible for complying with the insurance requirements set forth by the U.S. Department of State and with the University of Minnesota requirement to purchase the University's insurance under the Student Health Benefit Plan. I will purchase the necessary insurance for me and for any of my J-2 dependents for the entire length of my J program.

Prospective Student-Intern Signature

Date (mm/dd/yyyy)