



J-1 Student Intern – Eligibility Statement from Applicant

This form must be completed by the Student Applicant and submitted to the UD host department of the University of Delaware before your application process can begin.

Complete the following form by checking the correct box and signing your name.

Yes/True	No/False	Qualification Criteria
		I am currently enrolled full-time in my chosen career field at a degree or certificate-granting post-secondary academic institution outside the US.
		I have a sufficient grasp of the English language to function on a day to day basis. (Confirmation of language ability will be confirmed by department/sponsor via recognized language test, video conferencing or telephone interview.)
		This internship program will be in the field of my academic study. My dean or academic advisor will write a letter of support which confirms this.
		If I receive funding from the University of Delaware, my supervisor must give approval and will include this in the letter of support.
		I can show that I have sufficient funds to support myself for the duration of my stay, through employment in the U.S., support from my home institution or personal funds.
		I have a passport valid for at least six months after the date of my intended entry to the United States.
		The primary objective of my trip is to engage in a full-time internship of at least 32 hours per week. If I wish to take a class at UD it is limited to a maximum of 6 undergraduate credits during a regular term and 3 undergraduate credits during a summer term. I will be responsible for enrolling as a non-degree seeking student.
		The minimum and maximum duration of my internship are 3 weeks and 12 months, and I am expected to depart the U.S. with 30 days of the completion of my program.
		During the OISS government check-in I will provide proof of health insurance (for me and any J-2 dependents) that meets the requirements set by the US Department of State. I have read and understand the attached information about health insurance.

Date: _____

Name: _____

Signature: _____