J-1 Cultural Exchange Program:
Student Intern Request Form

CSUN

**Office of Faculty Affairs**

**FORM A**

**Sponsoring Department Application for J-1 Student Interns**

|  |
| --- |
| **Instructions:**  **To be completed by the CSUN sponsoring department/Faculty Host*** Do not send through Adobe Sign for signatures. Electronic signatures are accepted as are wet signatures. If you get stuck, try google! I found [How to insert a signature](https://juro.com/learn/insert-signature-word#:~:text=Scroll%20to%20the%20part%20of,image%20of%20your%20signature%20from.) You may find something better or more fitting to your situation. *\*I would encourage you to use* ***Microsoft Office 365 Word online*** *as you can add collaborators.**Requests that have been filled out in this manner have had the fastest processing times.*
* Carefully review and fill out all applicable sections of the request form. If something does not apply, enter N/A
* Do not attach any documents to the Student Intern Request that may be considered Level 1 Protected Data: <https://www.csun.edu/it/protected-data>.
* Contact Faculty Affairs and request a BOX folder link for support document upload.
* Provide translated versions of support documents when originals are in a foreign language
* Add your initials (and coHost initials) in blue ink to any area that is preceded by “\_\_\_\_\_”if you understand and agree with the statement.

The Faculty Host is responsible for understanding and retaining the J-1 Student Intern program information provided in this request form even when a department or college staff person is assisting the Faculty Host by filling out the Visiting Scholar Request form. |

|  |
| --- |
| **Information about the Faculty Host** |

 **Faculty Host Name:** Click or tap here to enter text. **Department/Program:** Click or tap here to enter text.

**Title:** Click or tap here to enter text. **College:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Mail Code:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.  **Please provide the name of a co-host who will supervise the visiting scholar when the Faculty Host is unavailable or on leave:
Faculty coHost Name:** Click or tap here to enter text. **Department/Program:** Click or tap here to enter text.

**Title:** Click or tap here to enter text. **College:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Mail Code:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

|  |
| --- |
| **Intern Name and Program Information** |
| **Passport Family/Last Name:** | **Passport Given/First Name(s):** | **Middle Name:** |
|

|  |
| --- |
|  **Internship Dates** (Month/Day/Year)  From**:** Click or tap to enter a date. |

 | To: Click or tap to enter a date. | **Position Title:** |

|  |
| --- |
| **Financial Support Information** |
| **Is the department providing financial support?** | [ ]  Yes | [ ]  No |
| **If Yes, What Kind:**  |

|  |
| --- |
| **Sponsoring Department Certification** |
| A few important conditions are listed below, however, there are *several* additional J-1 Student Internship program requirements listed in the [Code of Federal Regulations Title 22, Part 62](https://www.ecfr.gov/current/title-22/chapter-I/subchapter-G/part-62?toc=1): Exchange Visitor Program.**Initialing below indicates that you agree to *all* of the requirements listed in the Code of Federal Regulations, not just those listed on this form.** |

I the Faculty Host (and coHost) agree to sponsor Click or tap here to enter text. as a Student Intern and we certify that **(please read and initial in blue ink)**:

**\_\_\_\_\_ /** **\_\_\_\_\_** The information provided in this application is accurate.

**\_\_\_\_\_ /** **\_\_\_\_\_** I understand that the **Faculty Affairs Office** expects Student Intern application materials to be submitted 4 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-1 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 the **Faculty Affairs Office**.

**\_\_\_\_\_ /** **\_\_\_\_\_** 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 the **Faculty Affairs Office** 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 the **Faculty Affairs Office** 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 internship will expose the 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 Student Intern participates in meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. § 201 et seq.). Student 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 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 the **Faculty Affairs Office** 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 the **Faculty Affairs Office** upon arrival and brings their immigration documents with them. The Student Intern must also check-out with the **Faculty Affairs Office** 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 the **Faculty Affairs Office** and provide a U.S. address within 10 days of the program start date.

**\_\_\_\_\_ /** **\_\_\_\_\_** The department will inform the **Faculty Affairs Office** if the intern is arriving later than the program start date listed so the date can be amended.

**\_\_\_\_\_ /** **\_\_\_\_\_** I will notify the **Faculty Affairs Office** 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 the **Faculty Affairs Office** the termination and/or departure of the Student Intern from CSUN and will submit the completed “Form D: Departure Form” to the **Faculty Affairs Office**.

**\_\_\_\_\_ /** **\_\_\_\_\_** I will adhere to all applicable regulatory provisions that govern this program Code of Federal Regulations Title 22, Part 62: Exchange Visitor Program: <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title22/22cfr62_main_02.tpl>

**Faculty Host/Supervisor’s signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date**: Click or tap to enter a date.

**Faculty coHost signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date**: Click or tap to enter a date.

|  |
| --- |
| English Proficiency Form for Prospective J-1 Student Interns |

Name of Intern: Click or tap here to enter text. Country of Citizenship: Click or tap here to enter text.

English proficiency has been confirmed in the following way (please check one):

[ ]  Student is from an English-speaking country:

*American Samoa, Australia, Bahamas, Barbados, Belize, Canada (except Quebec), Dominica, Grenada, Grand Cayman, Guyana, Ireland, Jamaica, Liberia, New Zealand, Sierra Leone, Trinidad/Tobago, Turks and Caicos Islands, United Kingdom, or the U.S. Pacific Trust.*

[ ]  Student has proven English proficiency through TOEFL/IELTS\* and the score is attached.

*\* TOEFL/IELTS: A score of 500 (paper test), 213 (computer-based test), or 79 (internet-based test) on the Test of English as a Foreign Language (TOEFL) OR an overall band of 6.0 on the Academic Examination of the International English Language Testing System (IELTS) is considered the minimum acceptable for admission to California State University, Northridge.*

[ ]  Student attends university in his/her home country where English is the language of all course instruction. Proof of English as the language of instruction is attached. (*ex: Website of institution that shows that course instruction is in English*)

Signature of Faculty Host or coHost who confirmed the Student Interns English proficiency:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **FINANCIAL SUPPORT INFORMATION**  |

 Printed Name of Faculty Host or coHost: Click or tap here to enter text.
Students must demonstrate availability of funding in the amount of U.S. $2,500 per month of their internship. Additional funding must be provided for dependents: $8,000 per year for spouse and $5,000 per year for each child. Proof of investment accounts, stocks or security holdings, insurance, property or employment income are **not** acceptable forms of financial support.

**Funding**Indicate all applicable funding sources **in U.S. dollars**; provide supplemental documentation translated and with USD conversion.
**\_\_\_\_\_ /** **\_\_\_\_\_** I certify that the total amount required is available to the Student Intern from one OR a combination of the sources listed in the table below.

**Please note the amounts below must be exact as they will be used for the visiting scholar’s invitation letter which is our contractual agreement with them for their stay.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Amount per Month (USD)** | **# of months** | **Total Amount** |
| **California State University, Northridge Salary** (including government grants):Click or tap here to enter text. | $  |  | $ |
| **CSU Northridge – Other** (Specify i.e., reimbursement, per diem, etc**.**):Click or tap here to enter text. | $ |  | $ |
| **The University Corp**Account # Click or tap here to enter text. |  |  |  |
| **U.S. Government agency** funds to ***this*** Exchange Visitors:Name of Agency: Click or tap here to enter text. | $  |  | $ |
| **International Organization**: Name of Agency funding thisStudent Intern [e.g., UN, WHO, NATO]: Click or tap here to enter text. |  |  |  |
| **Exchange Visitor’s Government:**Name of Agency: Click or tap here to enter text. | $ |  | $ |
| **Binational Commission** (Paid directly only, i.e., Fulbright):Click or tap here to enter text. | $ |  | $ |
| **Personal Funds** (attach copy of bank statement translated and USD conversion): Click or tap here to enter text. | $ |  | $ |
| **Other organizations (3rd Party) /Institutions** in the U.S. or abroad:Names(s): Click or tap here to enter text. | $ |  | $ |
| **AGGREGATE TOTAL FOR VISIT** | $ |

**Third Party Funding** (from family and friends)
Please attach an official and original bank statement in your sponsor’s name, translated and with USD conversion, printed out by the bank and/or an original signed and stamped letter from a bank representative stating the amount in the account. Also, the student must show a connection between the sponsor and the student; please have your sponsor sign below the following statement or attach assigned letter containing the below statement and contact information.

“I am willing and able to guarantee the financial support of the student for the required amount (as listed above) per year including the appropriate higher amount depending on situation or the duration of their university studies. I am NOT a nonimmigrant student and I do not hold any other temporary visa status in the United States.”

**Signature of Sponsor**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date**: Click or tap to enter a date.

Sponsor’s relationship to student (e.g., parent, friend): Click or tap here to enter text.

Sponsor’s Name: Click or tap here to enter text.

Sponsor’s Telephone Number: Click or tap here to enter text.

**Benefits**As part of resource allocation, what type of benefits do you intend to provide?

[ ]  No Benefits - for employees who work less than 3 months

[ ]  Benefit Category Group B - for employees working an average of 30 or more hours a week

* Vacation - Dental Plan
* Sick Leave - Vision Plan
* Personal Holiday - Life Insurance/AD&D
* Paid Holidays - Retirement Benefits (under specific conditions)
* Health Insurance - Tax Sheltered Annuity Plan

**Health Care Insurance**The CSUN-sponsored health insurance does not become effective immediately. All visitors need to have health and accident insurance policy offering at least U.S. $100,000.00 (USD) in major medical and hospital coverage. Therefore, proof of health insurance *(including provisions for evacuation and repatriation)* is required for the first 30 days of the appointment. Once the CSUN-sponsored health care benefits take effect, the visiting scholar will no longer need to provide proof of health care insurance.

**Repatriation and Evacuation Insurance**In addition to healthcare coverage, visitors must have insurance coverage of ***$25,000.00 (USD) in repatriation and $50,000.00 (USD) evacuation costs*** through their entire appointment at CSUN. Additionally, the visitor’s deductible should not exceed $500 USD per accident or illness.

To purchase the adequate insurance policy, we strongly recommend jcb Insurance Solutions:

* Go to <https://jcbins.com>
* Type CSUN in the search box
* Select your plan year (i.e. 2020/2021) and your student category (i.e. International). Click Go.
* Scroll down and click 'Start Here'
* Answer Question #1. Then Select Coverage Term (i.e. Annual, Fall only).
* Click "Agree to Terms & Conditions"
* Create account
* Make payment

If the policy is purchased elsewhere, please bring a receipt showing proof of expiration date as well as the policy description, or a letter from the insurance company with your full name verifying that your current insurance meets the above requirements. Policies purchased in countries other than the United States must be officially translated in English and all relevant amounts must be in U.S. dollars.

**Verification of Funds**

**The University Corporation (TUC) at CSUN Human Resources Approval****:**

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Budget Verification from** **TUC if the planned visit will use CSUN grant funds managed by TUC:**

The signature of the University Corporation representative, below, confirms that the grant funds as proposed in the budget above are available and are being appropriately used for the proposed scholarly visit as outlined above.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**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 Visiting Scholar.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**DIRECTOR OF FINANCE AND OPERATIONS (DFO)**: The signature of the sponsoring college’s DFO, below, indicates that all elements of Section 3 have been reviewed.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**COLLEGE DEAN’S SIGNATURE**: The signature of the sponsoring department’s/program’s Dean indicates the College’s support for this proposed Visiting Scholar, 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 Visiting Scholar as outlined above.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**FACULTY AFFAIRS**: The signature of the Associate Vice President for Faculty Affairs 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: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

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

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Return form as part of complete J-1 Student Intern request packet to:**

**Ashley Thompson**

**Office of Faculty Affairs**

**VH 305, Mail Code: 8220**