

J-1 Student Intern Verification

Complete the following form by checking the correct box and signing your name. This must be submitted to the Center for Global Services of Rutgers University before your application process can begin. Email completed form to Carissa McCarthy at carissam@global.rutgers.edu.

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 done by J-1 Advisor via 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.
		I will obtain written letter of approval from my dean or academic advisor, if I will be paid by Rutgers University for my internship.
		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. (Rutgers University requires evidence of at least \$1333/month for undergraduate student interns and \$1667/month for graduate student interns.)
		I have a passport valid for 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.
		The maximum duration of my internship is 12 months, and I am expected to depart the U.S. with 30 days of the completion of my program.
		I have/will purchase health insurance that meets the requirements set by Rutgers University when I arrive in the US.

Does your home institution requires an agreement to be made with Rutgers University in order for you to participate in this internship? (Yes, No, I am not sure) _____

Student's Name: _____ Date: _____

Student's signature: _____

Name of Rutgers Faculty/Staff Supervisor: _____

Email of Faculty/Staff Supervisor: _____

Anticipated Internship Start Date: _____ Anticipated Internship End Date: _____