J-1 STUDENT INTERN DS-2019 REQUEST

MICHIGAN STATE UNIVERSITY

OFFICE FOR INTERNATIONAL STUDENTS AND SCHOLARS
Phone: 517.353.1720 | Fax: 517.355.4657

Has this person ever been in *J-1 Student Intern* status before? ☐ **Yes or No** ☐
If yes, please provide a copy of previous DS-7002(s).

Name must be exactly as it appears on the passport

Surname:		Given Name(s):
☐ Male ☐ Female	Date of Birth:	E-mail:
City of birth:		Country of birth:
Country of Citizenship:		Country of legal permanent residence*:
Last position in home country: ☐ Student ☐ Employee		
If student, specify: ☐ Undergraduate ☐ Graduate	*If employee, specify:* Job title Employer (name of organization)	
Marital Status: ☐ Single ☐ Married		Children: ☐ Yes ☐ No

Family members who will accompany the student intern (please attach additional sheet if more than one child)
SPOUSE:

Surname:	Given Name(s):
☐ Male ☐ Female	Date of Birth:
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:
Email:	

CHILD #1:

Surname:	Given Name(s):
☐ Male ☐ Female	Date of Birth:
City of Birth:	Country of Birth:
Country of Citizenship:	Country of Legal Permanent Residence*:

HOST DEPARTMENT BILLING INFORMATION - OISS will charge your Department a processing fee of $150 for each student intern upon their arrival to MSU.

Billing Primary Account Number:	Department Name:
Billing Sub Account Number:	Contact Person for Billing:
	Email of Contact Person for Billing:

If country of Legal Permanent Residence is different from country of citizenship, please provide proof.

PROGRAM START AND END DATES: from	**to**	
Category field code (select the appropriate 6-digit CIP code here):		
Host Professor/Supervisor:	Phone:	
	Email:	
*Name of the Site of Activity (department/lab):		
*Address Line 1:	* Address Line 2:	
*City	*State:	*Zip Code:

***Exact location where J-1 Student Intern will conduct their program**

SOURCE OF FUNDS FOR THE DURATION OF REQUESTED VISIT
MSU Department Funds: $
Student's Government Funds: $
Other Funds: $ Name of organization providing support:
Personal/Family Funds: $

Host department is required to confirm the following (please check each box):

- ☐ The internship program will engage the student intern for a minimum of 32 hours per week.
- ☐ The internship program will require no more than 20% clerical duties.
- ☐ The student intern will NOT be placed 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 kind of work that involves patient care or contact, including any work that would require student interns to provide therapy, medication, or other clinical or medical care (e.g., sports or physical therapy, psychological counseling, nursing, dentistry, veterinary medicine, social work, speech therapy, or early childhood education).
- ☐ A final written evaluation will be conducted by the supervisor and signed by both the supervisor and intern.
- ☐ If the internship is longer than 6 months, both a final and a mid-point evaluation must be submitted to OISS.

Hospitality Business Student Interns ONLY

- ☐ All "Hospitality and Tourism" student internship programs six months or longer contain at least three departmental or functional rotations.

The department Head/Dean/Chairperson/Director must approve this host arrangement and sign below. In lieu of signature, the department Head/Dean/Chairperson/Director must send jvisas@msu.edu an email giving approval.	
Signature:	Date:
Name:	Title:

Department Contact Information	
Name:	
Email:	Phone: