



# J-1 Student Intern Application

## J-1 Student Intern Participant Eligibility:

- Primarily in the U.S. to engage in a student internship program rather than to engage in employment or provide services to an employer. [22 C.F.R. § [62.23\(i\)\(1\)\(ii\)](#)]
- The internship must be full-time; i.e. consist of a minimum of 32 hours per week. [22 C.F.R. § [62.23\(i\)\(3\)\(i\)\(A\)](#)]
- All tasks assigned to the student intern must be necessary for the completion of the student internship program and may not consist of more than 20 percent clerical work. [22 C.F.R. § [62.23\(i\)\(8\)\(iv\)](#)]
- The internship must expose the participant to American techniques, methodologies, and technology; expand upon the participant’s existing knowledge and skills; and not duplicate the student intern’s prior experience. [22 C.F.R. § [62.23\(i\)\(2\)\(iii\)](#)]
- May participate in a student internship program for up to 12 months for each degree/major. (Extensions beyond 12 months are no possible.) [22 C.F.R. § [62.23\(h\)\(3\)](#)]
- The student must return to his or her academic program outside the U.S. and fulfill and obtain a degree from such academic institution after completion of the student internship program. [22 C.F.R. § [62.23\(i\)\(1\)\(v\)](#)]

## SCSU Host Department Information: *(contact person must be faculty or staff at SCSU)*

Department Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

## J-1 Student Intern Information:

Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_  
 Preferred Name(s): *(optional)* \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_  
 Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Permanent Address in Home Country: \_\_\_\_\_

What is the name and location of the J-1 Student Intern’s home institution: \_\_\_\_\_

Is the J-1 Student Intern currently enrolled and pursuing a degree at a postsecondary academic institution outside the United States: [22 C.F.R. § [62.23\(i\)](#)] YES: \_\_\_\_ NO: \_\_\_\_

Which degree is the J-1 Student Intern currently pursuing: Bachelor’s: \_\_\_\_ Master’s: \_\_\_\_ Doctoral: \_\_\_\_

Will the J-1 Student Intern’s United States internship fulfill the educational objectives for his or her current degree program at his or her home institution [22 C.F.R. § [62.23\(i\)](#)]: YES: \_\_\_\_ NO: \_\_\_\_

What is the J-1 Student Intern’s academic field of study: \_\_\_\_\_

Is the J-1 Student Intern in good academic standing at his or her home institution outside the U.S.: [22 C.F.R. § [62.23\(i\)\(1\)\(iv\)](#)] YES: \_\_\_\_ NO: \_\_\_\_

Please describe in one sentence, the primary objective for the J-1 Student Intern’s internship program:  
 \_\_\_\_\_  
 \_\_\_\_\_

### **J-1 Student Intern Dependents**

Does the J-1 Student Intern have any dependents in the form of spouse and/or children under 21 years of age that will be accompanying the Student Intern to the United States? YES: \_\_\_\_\_ NO: \_\_\_\_\_

#### **Dependent Information:**

Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_

Preferred Name(s): *(optional)* \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Relationship: Spouse \_\_\_\_ Child \_\_\_\_

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Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_

Preferred Name(s): *(optional)* \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Relationship: Spouse \_\_\_\_ Child \_\_\_\_

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Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_

Preferred Name(s): *(optional)* \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Relationship: Spouse \_\_\_\_ Child \_\_\_\_

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### **J-1 Student Intern Financial Support Information:**

J-1 Student Intern are required to show proof of financial support to support himself or herself and dependents for their entire stay in the U.S., including housing and living expenses for the duration of the J-1 program participation. [22 C.F.R. § [62.23\(i\)\(2\)\(ii\)](#)]

The minimum financial support that is required:

- \$1,000 / month for J-1 Student Intern
- \$500 / month for J-2 Dependent Spouse *(if applicable)*
- \$500 / month for each J-2 Dependent Child *(if applicable)*

All financial documents must be current at the time of application in order to be considered valid. Appropriate documents reflecting financial ability include, but are not limited to, the following:

- Bank statement, stamped or signed by a bank official
- Affidavit of support, submitted by sponsor & accompanied by financial verification
- Scholarship letter from sponsoring organization outlining dates and terms of scholarships
- Letter from employer stating earnings for period of requested stay
- Contract listing areas of support

### **J-1 Student Intern Medical Insurance:**

According to the U.S. Department of State, St. Cloud State University must confirm that all J-1 Student Intern's and their dependents have medical insurance that covers them for sickness or accidents during the period of time that they participate in SCSU's exchange visitor program [22 CFR §62.14]. Minimum coverage must be:

• At least \$100,000 per person, per accident/per illness	• \$25,000 for repatriation of remains
• \$50,000 for medical evacuation	• A deductible not to exceed \$500 per accident/per illness

To ensure these requirements are met, all J-1 Exchange Visitors hosted by St. Cloud State University must enroll in the MnSCU-approved medical insurance policy. The current cost of medical insurance for J-1 Exchange Visitors is approximately \$125 per month and must be paid upon arrival on campus.

**J-1 Student Intern English Language Proficiency:**

The U.S. Department of State mandates that all J-1 exchange visitors including student interns have sufficient English proficiency [22 CFR §62.10(a)(2)].

As a J-1 program sponsor, St. Cloud State University must ensure that the J-1 student is eligible for program participation, and that:

- (1) The program is suitable to the student intern's background, needs, and experience; and,
- (2) The student intern possesses sufficient English proficiency as determined by an objective proficiency measurement to successfully participate in his or her program and to function successfully on a day-to-day basis.

**The English proficiency requirement can be satisfied by submitting documentation for one of the following (please select and attach to this application):**

- Documentation that the J-1 student intern is a Native English speaker
- Copy of diploma from U.S. institution or foreign institution where instruction occurred in English
- Copy of official scores from an SCSU recognized English language test taken within the last two years. Recognized test and minimum scores can be found at: <http://www.stcloudstate.edu/internationaladmissions/english-proficiency.aspx>
- J-1 English Proficiency Interview Assessment Report from an interview conducted in English. The interview may be conducted in person, via Skype or other videoconferencing method, or if videoconferencing is not available, telephone.

**Interview Assessment Report:**

Name of Interviewer: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Interview Method:      In person      By videoconferencing      By telephone

Does the exchange visitor possess sufficient English proficiency to successfully participate in his or her program and to function successfully on a day-to-day basis:    YES            NO

**SCSU Host Department Authorization:**

*My signature on this application certifies that the information provided is accurate and complete regarding this student intern. By signing below, I agree that I have a procedure in place to evaluate this student intern's program and will submit to the Center for International Studies.*

\_\_\_\_\_  
(Signature of Host)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Department Chair)

\_\_\_\_\_  
(Date Signed)