

## Office of International Student & Scholar Services

Page-Robinson Hall, Third Floor 69 Brown Street, Box 1906 Providence, RI 02912 Email: oisss@brown.edu

Phone 401-863-2427 Fax 401-863-7543 www.brown.edu/oisss

## J-1 Student Intern Request for Form DS-2019

The Student Intern category is available to international students currently enrolled in and pursuing a degree at a postsecondary academic institution outside of the United States. The U.S. internship must fulfill an educational objective for the degree program they are pursuing at the home institution. This form is to be filled out and signed by both the department contact and the incoming Student Intern

Stu	ident intern information	Date Submitted:				
1.	Student's name exactly as indicated on his/her passport					
	Family/Surname	Given/First				
<ol> <li>4.</li> </ol>	Date of Birth: (month) (day) (year)  City of Birth: 5.	3. Gender: Male Female				
٦.	•	•				
6.	Country of Citizenship:7.	Country of Permanent Residency: different from Country of Citizenship, must provide proc	of of this immigration status.)			
8.	Academic institution outside of the U.S. at which the Studen					
	Name:	City and Country:				
9.	Current Degree Level: Undergraduate Graduate					
10.	Field of Study: 11	. Expected Date of Graduation:				
12.	Email Address:					
	ernship Information					
	Department:					
14.	Requested internship dates (cannot not exceed 12 months): Star	t Date: End Date	:			
15.	. Faculty Sponsor: Last Name, First Name					
	Title: Email:	Phoi	ne:			
16.	Subject/Field of Internship at Brown:					
17.	7. Briefly describe the primary education activity in which the Student Intern will engage:					
10	Dhysical Address of an appropriately leasting.					
10.	Physical Address of on campus work location:Street	City	State Zip			
Fur	nding Information					
19.	Source(s) of Financial Support (enter amount in U.S. Dollars at	<u>nd</u> include currency conversion with all fundi	ng documentation)*:			
	Brown University	\$	<del></del>			
	Student Intern's Government (attach the award letter (with En	glish translations)) \$				
	Other Organization (specify)(attach the award letter (with English translations))	<b></b> \$				
	Personal funds (attach a financial statement)	\$				

visa specific information	1						
20. Has the Intern been in J status (including J-2) within the last 2 years? ☐ Yes ☐ No If yes, please provide copies of previous DS-2019 forms							
21. Has the Student Intern previously participated in a J-1 Intern program at this degree level?   Yes No (Note: students are only eligible to participate in one J-1 Student Intern program per degree level.)							
22. Is the Intern currently If yes, please ind EAD Card, I-797,	icate immigratio	n status and pro	ovide copies of cur	rent immigration documer	nts (i.e. DS-2019, I-20,		
23. Does the Intern plan to If yes, please complete the applicable marriage certification.	e following and p	ents: Yes provide copies o	No of the biographical	page of passports for each	h dependent and any		
Name (Last, First)	Gender & Relationship	Date of Birth	City and Country Birth	y of Country of Citizenship	Country of Permane Residence		
**Health and accident insurance is mandatory for visitors and accompanying dependents. Student Interns must purchase health insurance coverage that meets the J-1 minimum requirements through Gallagher prior to arrival in the US. Proof of this coverage must be submitted with this request.  **Financial Support Guidelines: For Exchange Visitor: \$2635/month. If family members will accompany visitor, please allow \$565 per month for spouse and \$398 per month per child.  I hereby certify that this department supports the request to sponsor the above-mentioned individual as a J-1 Exchange Visitor. I also confirm that all the information provided in this form is true and accurate to the best of my knowledge.							
Department Contact Name	e (person who filled	d out request form)	):				
Department Contact Signature: Date:							
Box/Address:Phone:							
E-mail for DS-2019 pick-up				Mail DS-2019 using address above			
I confirm that all the info	rmation provid	led in this form	is true and accu	rate to the best of my kn	owledge.		
Student's Signature				[	Date:		
Documents that must be	attached with	this request in	clude:				
Brown University	invitation letter		6.	Proof of funding			
<ol><li>Letter of enrollment</li></ol>	ent and good sta	anding		Copy of English Langua Verification form	ge Proficiency		
from Student Intern's home institution 3. Memo of Understanding, if applicable 8.				Proof of Health Insurance	Coverage through		
<ol> <li>Letter from the Si</li> <li>Copy of Exchang</li> </ol>	tudent Intern		a	Gallagher Insurance Copies of dependent do	ocuments if		
o. Copy of Exchang	o violioi o pass	Port	9.		odinonto, n		

applicable Please see our website for instructions, templates and additional information.

 $\underline{https://www.brown.edu/about/administration/international-student-and-scholar-services/scholars/j-1-student-intern/procedures-department-administrators}$ 



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## Training/Internship Placement Plan

Each Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainee/intern will accomplish those objectives (i.e. classes. Individual instruction, shadowing, etc.) Each phase must build upon the previous phase to show a progression in the training/internship.

Will the internship consist of more than one phase?									
	No, the	e internshi	ip will consist of a s	single phase	Yes, The	internship will	I consist of multip	ole phases	
Ph	ase # _	of	Start date of	Phase:		End date of F	Phase:		
1.	Please	provide a	brief description of	the Intern's Ro	ole for this Pr	ogram or this	Phase:		
2.	What a	are the Spe	ecific Goals and Ol	bjectives for the	Intern durin	g this Phase:			
3.	Who w	vill provide	e daily supervision (	of the Intern and	d what are th	neir qualificatio	ns?		
4. Evo			in places for the Int gram. Please plan						t of the
LXC	nange v	risitor prog	jiam. Tiease plan	TOT ACTIVITIES TO	expose your	Student interi	Tto American cu	nure.	
5.	What a	are the spe	ecific skills, knowle	dge, or techniqu	ues that the	Intern will lear	n?		

6.	How, specifically, will these skills, knowledge, or techniques be taught? Please include specific be completed by the Intern during this phase.	c tasks and activities to			
7.	What methods will be used to evaluate the Intern's performance? How will the Intern's acquist and competencies be measured during this phase? ( <b>Note:</b> For internships lasting less than 6 mon must be submitted to OISSS by the completion of the internship. For internships lasting more than 6 mon must be submitted to OISSS at the mid-point and at the conclusion of the internship.)	ths, a written evaluation			
I hereby certify that I support this request to sponsor and supervise a J-1 Student Intern. I have reviewed, understand, and will follow the above Training/Internship Placement Plan:					
Fa	culty Sponsor's Printed Name:				
Fa	culty Sponsor's Signature:	Date:			
I hereby certify that this department supports this request to sponsor a J-1 Student Intern.					
De	epartment Chair's Printed Name:	_			
De	epartment Chair's Signature:	_ Date:			