

<b>J-1 Student Intern &amp; Home University Attestation</b>
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**Instructions for J-1 Student Intern:**

1. Complete and sign top portion of this form
2. Submit the form to your academic advisor or the dean at your current home university for completion and signature
3. Upload the completed and signed form to your ISD Record

<b>Surname</b> (As in passport)	<b>Given Name</b> (As in passport)
Have you ever had a J-1 student internship program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have participated in a student internship program in the past, on which degree level and field of study/major was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD <input type="checkbox"/> Other: _____	
Field of Study/Major: _____ Dates of Previous Internship _____ to _____ <b>**You are only eligible for one year of J Student Internship participation per academic level**</b>	
<i>"I hereby confirm that the information provided in this section is true and correct. Furthermore, I certify that after completion of the student internship program, I will return to my academic program outside the US to fulfill and obtain a degree. My purpose in the United States will be to engage in a student internship program rather to engage in employment or provide services to an employer."</i>	
Signature of the Student Intern: _____ Date: _____	

<b style="color: red;">Foreign University Attestation</b>  <b style="color: red;">This section must be completed by an Officer in the Home University's Registrar Office or the University's Equivalent of a Registrar's Office</b>	Start date of current degree program (mm/dd/yyyy): _____	Student's Current field of study/major: _____		
	Student's Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD		Years of Experience in Field: _____ years	
	Is the student currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student in good academic standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated graduation date (mm/dd/yyyy): _____	
	Name of Academic Institution: _____		Accredited postsecondary institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Location of home academic institution: (City & Country) _____			
	Describe how the student's internship will fulfill the educational objectives for her/his current degree program:     			
	<b><i>"I hereby confirm that the information provided in this section is true and correct."</i></b>			
	If your student will receive compensation from Temple University, do you give your student approval to receive this compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name of Officer in Home University's Registrar Office: _____			
	Title: _____		Email: _____	
Signature: _____		Date: _____		