Approval of Participation
University of Florida J-1 Student Intern Program

Student participation in the University of Florida J-1 Student Intern Program must be approved by the student’s home institution.

STUDENT’S INFORMATION

Last Name: ___________________________________________  First Name: ___________________________________________

Home Institution Name: ___________________________________________

Home Institution Address:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Home Institution Phone Number (include country code): + ________________

Student’s Expected Date of Graduation (mm/dd/yyyy): _______________________

The above named student meets the following criteria:

☐ Currently enrolled in and pursuing a degree at an accredited postsecondary academic institution outside the United States.

☐ In good academic standing.

☐ Will fulfill the educational objectives for the current degree program through participation in and successful completion of the U.S. internship.

☐ Approved by their academic department to participate in the internship program

☐ Has English language skills sufficient to function on a day-to-day basis in the internship environment and navigate daily life in the U.S.

*If the home institution will not verify English proficiency, alternative confirmation is required. Acceptable methods of confirmation are noted here.

I, as an authorized home institution representative, certify the above information is correct and accurate.

Name: ________________________________________________

Title: ________________________________________________

Signature: ____________________________________________

Institution Seal/Stamp