

**J-1 Student Intern
Department Request Form**

Stevens Institute of Technology is authorized to invite students to participate in a student internship program that meets the educational requirements of students' home institutions. This form must be completed by the sponsoring department, and the appointment of the student intern must be approved by the head of the department. When completed, please submit this form to iss@stevens.edu. Additional documents needed for the J-1 Student Intern Request can be found on the [ISSS J-1 Student Interns Webpage](#).

Part I: Sponsoring Department		
Type of Request:	New J-1 Intern Request	Extension
Name of Administrator:	Administrator Phone Number:	
Administrator Email:	FedEx Acct # to bill for shipping:	
Faculty Sponsor Name:	Faculty Sponsor Title:	
Faculty Sponsor Email:	Faculty Sponsor Phone Number:	

Part II: Student Intern's Personal Information		
Student Intern's Family Name:	Student Intern's First Name:	
Student Intern's Email Address:	Student Intern's Phone Number:	
Student Intern's Gender:	Male	Female
Student Intern's Mailing Address (Street Address, City, State, Province, Postal Code, Country) :		

Part III: Internship Program Information	
Field of Research (i.e. Biomedical Engineering, Computer Science, Etc.):	
Description of Proposed Activities:	
Length of Proposed Stay:	
From (mm/dd/yyyy):	To (mm/dd/yyyy):
*Duration of Stay: Minimum 3 weeks and maximum 12 months. The start date must match the offer letter issued by the hosting academic department. Please note that a Student Intern may enter the U.S. up to 30 days before the requested start date for relocation purposes only. The Student Intern may stay in the U.S. an additional 30 days after the end date on the DS-2019. No employment is permitted during this time.	
Will the student Intern be funded (or partially funded) by Stevens? Yes No	If yes, please indicate amount of stipend for program dates: \$
Will the U.S. Government provide funding directly to Stevens or the department specifically for the purpose of international educational exchange, either for the EV for whom the J-1 visa is sponsored or for the specific program in which the Student Intern participates? <p style="text-align: center;">Yes No</p>	If yes, please indicate the U.S. Government agency(ies) and amount:
If the Student Intern will not receive a Stevens Stipend, please indicate how the Student Intern will be supporting him/herself while at Stevens:	
Please explain the funding source(s) for the Intern's program at Stevens. Federal regulations require verification of evidence of financial support for the intern and any dependents who will accompany him/her in J2 status. The minimum level of funding per month is \$1750. An additional \$500 per month is needed for the spouse and \$400 per child.	
Will the Student Intern be eligible for Stevens medical insurance? <p style="text-align: center;">Yes No</p>	
If individual is not eligible for Stevens health insurance, the Student Intern will need to show evidence of insurance coverage in order to maintain status.	

Part IV: Department Certification

By signing below, the supervising faculty member and the department head verify their agreement with the following requirements for the student internship program:

Internship Requirements:

The internship participation may not exceed 12 months.

The internship participation must consist of a minimum of 32 hours per week.

The internship participation must consist of no more than 20% clerical work.

All tasks assigned must be for the purpose of completing the internship program.

The internship participation cannot be used to displace American workers and/or fulfill a labor need.

The internship participation consists of work based learning, rather than the simple employment.

The internship participation is to 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.”

The internship participation may not include any clinical work and/or patient care.

Requirements for Supervising Faculty and Department Head:

I agree to ensure that the Student intern reports to ISSS upon arrival for U.S. government check-in and orientation within 10 days of the program start date.

I agree to notify ISSS of changes in arrival & departure date, and if the Intern departs Stevens/ the U.S. before the agreed program completion date stated on the DS-2019.

I will perform a final evaluation with the Intern upon completion of the internship and submit the evaluation to ISSS (For programs lasting longer than six (6) months, a midterm evaluation is required, and it must be retained for a period of three (3) years after completion of the program).

I agree to be responsible for monitoring the day-to-day work, activities, and progress of the Student Intern. During the Intern’s program participation, I will not be on sabbatical or away for a prolonged period of time.

I agree to notify ISSS of any changes to the Intern’s program, including the Intern failure to comply with the original objective of the exchange program.

I understand that the intern and dependents must have health and accidental insurance throughout the duration of their program as mandated by federal regulations.

Faculty Supervisor

Printed Name _____

Signature and Date _____

Department Head

Printed Name _____

Signature and Date _____