J-1 Intern Program - Academic Advisor Recommendation

# **Intern Information**

The University of Cincinnati is an official J-1 Exchange Visitor Program sponsor, designated by the U.S. Department of State to provide internships. This form must be completed by ***the intern’s academic advisor or dean at the home country institution***. Recommendation and verification of the following information is required for the following intern to participate in a J-1 Internship Program sponsored by the University of Cincinnati. The Intern should provide Form DS-7002 for Advisor’s review.

INTERN LAST (FAMILY) NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST (GIVEN) NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the intern served as a translator/interpreter for the advisor, check here: €

**Intern’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

|  |  |
| --- | --- |
| This intern is currently enrolled in a degree program, is in good academic standing, and is progressing normally toward the completion of the degree.  \_\_\_\_YES \_\_\_\_NO | MAJOR FIELD OF STUDY:  CURRENT DEGREE LEVEL: |
| ESTIMATED COMPLETION DATE FOR DEGREE:  Month Day Year | I have read the description of this internship opportunity at the University of Cincinnati (provided on the internship placement plan Form DS-7002) and agree that this internship will fulfill the intern’s educational objectives at this institution.  \_\_\_\_YES \_\_\_\_NO |
| Is the intern authorized to engage in employment pursuant to the internship?  \_\_\_\_\_YES \_\_\_\_\_NO | Upon completion of the J-1 Internship at UC, will this intern return and complete the degree requirements at this institution? \_\_\_\_YES \_\_\_\_NO |

ADDITIONAL COMMENTS:

# **Academic Advisor Information**

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| --- | --- |
| FIRST (GIVEN) NAME: | LAST (FAMILY) NAME: |
| TITLE: | NAME OF INSTITUTION: |
| DEPARTMENT: | EMAIL ADDRESS: |
| ADDRESS: | PHONE NUMBER: |

**Advisor’s/Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**