

# INTERN APPLICATION

## Intern DS-2019 Request Form

### SECTION I - EXCHANGE VISITOR'S BIOGRAPHIC AND DEMOGRAPHIC INFORMATION

\_\_\_\_\_  
Last/Family Name First Name

Date of Birth: Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_ Gender:  Male  Female

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Are you currently enrolled as a student at a university outside the U.S.?  Yes  No

If No, have you graduated from a university outside the U.S. within the past 12 months?  Yes  No

Current/completed degree level (bachelor, master, etc.) \_\_\_\_\_

Current/completed field of study: \_\_\_\_\_

Date of actual or expected graduation: \_\_\_\_\_

Name and location of institution: \_\_\_\_\_

#### INTERN'S PERMANENT ADDRESS

**In country of permanent residence – this address will be used for mailing documents unless otherwise directed.**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Territory/District: \_\_\_\_\_

Country: \_\_\_\_\_ Home Country Telephone: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate Contact Information: \_\_\_\_\_

#### INTERN'S IMMIGRATION STATUS

Are you currently in the U.S.?  Yes  No

If Yes, what is the current immigration status? \_\_\_\_\_ Expiration of status: \_\_\_\_\_

Please include copies of any documents that verify current status (I-94, visa, DS-2019/I-20, I-797 approval notice, etc.)

If currently in J-1 status, which category?

Professor  Research Scholar  Short-Term Scholar  Intern  Student (degree or non-degree)

List current program dates: \_\_\_\_\_

Please include copies of current DS-2019/J-1 visa (and any dependent DS-2019s/J-2 visas)

Have you (or dependents) applied for a waiver of the 212(e) 2-year home presence requirement?

Yes  No

Has the DOS waiver recommendation been received?  Yes  No

**SECTION II - FUNDING SOURCES**

The minimum financial support required for an Intern is **\$1,200/month (\$14,400/year)**. Support of **\$850/month (\$10,200/year)** must be shown for a spouse and **\$425/month (\$5,100/year)** for each child. These amounts include the cost of health insurance. Documents verifying funds must be dated within 6 months of this request.

**Documents must be in English and should be in U.S. currency.**

Who will provide financial support during your internship program in the U.S.? Please list all sources below:

---

---

**Attach copies of all funding documentation to this application (bank statements, scholarship letters, etc.). If funding will be provided by your department, the ISS Office will verify these details with the inviting professor.**

**I verify that all the above information is true and accurate.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Request for Dependent DS-2019

Please complete the following form and attach required documentation for all dependents requested.  
(Please complete and attach additional forms if necessary)

- Copy of dependent's biographical page of passport
- Financial Guarantee

Spouse: \$850 per month (\$10,200/year), Child: \$425 per month (\$5,100/year)

J-1 Exchange Visitor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### Dependent Information:

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Email\*: \_\_\_\_\_
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Email\*: \_\_\_\_\_
3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Email\*: \_\_\_\_\_
4. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Email\*: \_\_\_\_\_

\*Dependents who are under the age of 18 are not required to provide an email address.

## STUDENT INTERN ATTESTATION

I am applying for a J-1 internship program at Oklahoma State University. I attest to the following:

1. I will return to the academic program at my institution in my home country to fulfill and obtain a degree after completion of this J-1 internship program at Oklahoma State University.
2. I will be evaluated by my OSU internship supervisor at the end of the internship program. If the internship is longer than 6 months, I will also be evaluated at the mid-point of the program.
3. I understand that the internship program can last no longer than 12 months.
4. I will have sufficient financial support to cover the living expenses of myself and my dependents (if any) for the duration of my internship program.
5. I will have medical insurance for myself and my dependents (if any) for the entire duration of my J-1 program, in accordance with the requirements set by the U.S. Department of State. These requirements are as follows:
  - a. Medical Benefits of at least \$100,000 per accident or illness (deductible not to exceed \$500)
  - b. Emergency medical evacuation of at least \$50,000
  - c. Repatriation of remains of at least \$25,000

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# HOME INSTITUTION CERTIFICATION

## LETTER TEMPLATE

The Department of State requires that the ISS Office obtains the following certification from the intern's educational institution in his/her home country. This letter must be signed by the student's dean or academic advisor at the home institution, and submitted with the Intern DS-2019 Request.

**The following text must be reproduced on the home institution's letterhead with the relevant information filled in.**

Home Institution Certification  
U.S. Department of State  
Consular Office

Regarding: J-1 Student Intern Applicant [first name, last name, date of birth].

Degree: \_\_\_\_\_ Majors: \_\_\_\_\_

Home Foreign Institution: \_\_\_\_\_

Dear Sir or Madam:

Our institution facilitates a curriculum at the post-secondary level and is accredited by \_\_\_\_\_  
(accrediting body).

I certify that the above-named student is currently in good academic standing with our institution. It is my understanding that after the student internship program at Oklahoma State University, he/she intends to return to our institution to complete his/her degree program.

I further certify that the student internship at Oklahoma State University will fulfill the educational objectives for the student's current degree program at our institution. Our institution also requires a minimum of \_\_\_\_\_ hours per week of internship practice.

**[Include the following only if employment is part of the proposed internship]**

I approve the student's employment during the course of the internship program.

[Name and Signature of Dean or Academic Advisor]

[Address]

[Email Address]

[Phone]