

J-1 REQUEST FORM (INTERN)

WESTERN CAROLINA UNIVERSITY

(Updated February 2011)

This form is used to initiate paperwork for a J-1 Visitor coming in the INTERN category. Note that this form must be accompanied by several other forms / documents for the J-1 Intern. This form should be completed by the host department (NOT BY THE INTERN), signed by the host professor and department head, and sent to the Office of International Programs and Services (IPS) (located at 109 Cordelia Camp Bldg.) If the Intern will be employed by WCU (on payroll), the form must also be signed by Human Resources before submitting to IPS. IPS will then issue a Form DS-2019, which the Intern must use to obtain a J-1 Visa in order to enter the USA. This request form should not be used for students or scholars. Please answer all questions except those marked optional. If you have any questions, do not hesitate to contact IPS at 828-227-7494.

PART I - HOST DEPARTMENT AND SUPERVISOR INFORMATION

1. Host Department: _____
2. Department Address: _____ 3. Phone: _____
4. WCU Host Professor/Supervisor: _____
5. Phone: _____ 6. E-mail: _____
7. Will there be any other supervisor for this internship? _____ Yes _____ No
8. If no, give name and e-mail of other supervisor: _____

PART II - INTERN INFORMATION

9. Name of Intern: _____ 10. U.S. SS# _____
(as in passport) Family Name Given Name(s) (*including full middle name*) (If any)
11. Male/Female: _____ 12. Date of Birth: _____ 13. Place of Birth: _____
Month/Day/Year CITY (required) State/Province Country
14. Citizen of: _____ 15. Legal Permanent Resident of: _____
Country Country

If countries of citizenship and permanent residency are different, attach a copy of residency permit.

16. Current (or most recent) employer **AND POSITION** in country of legal permanent residence (if currently a student, write "undergraduate student:" or "graduate student")

17. Highest degree received (if any) _____ Date received: _____
(Give **actual name of degree**, not U.S. equivalent) Month/Day/Year
18. Has this intern visited WCU before? (Yes/No) _____ If yes, give most recent dates: _____ Visa used: _____
19. Will the Visitor be accompanied by spouse or children? (Yes/No) _____ How many? _____
(IMPORTANT: If yes, on a separate page, give name (as in passport), date of birth, gender, place of birth, country of citizenship and country of legal permanent residence for each dependent)
20. Intern's current residential address in home country: _____
21. Address to be used to mail DS-2019: (If same, write "same"): _____
22. E-mail Address: _____
23. Visitor's Telephone #: _____ Visitor's Fax # (optional): _____

PART III - PROGRAM INFORMATION

24. Summary of internship program: (Example: learn research techniques in electrical engineering). Provide more program details on DS-7002.) **NOTE: Remember that WCU Policy does not permit anyone to take or audit classes without registering and paying. If the program includes any classes, call IPS to discuss the options.**

25. Dates of internship from _____ to _____
Month/Day/Year Month/Day/Year

Remember that dates should reflect period of actual internship. Do not include dates for Intern's personal travel. Intern is permitted to arrive 30 days early and remain in U.S. for up to 30 days of travel after leaving WCU without special permission; no employment is permitted during this period.

26. How many hours per week will be spent in internship activities? _____

27. Will this internship include any clerical activities? (Yes/No) If yes, how many hours per week? _____

28. Will this internship include any childcare or contact with medical patients? (Yes/No) _____

29. Where will the internship take place? **List complete/exact physical address(es) (including street address and zip code)**

Primary location: _____

Any other locations? List all: (Use separate page if necessary)

PART IV - FUNDING AND HOUSING INFORMATION

30. Will this Visitor receive any payment or reimbursement from the WCU host department during his/her visit?
(Check one or all that apply)

____ a. Intern will not receive any payment or reimbursement from WCU

____ b. Intern will receive *single payment* from host department listed in Item 1

Amount: _____

Note: WCU Policy usually limits single payment to \$ _____

____ c. Department will pay/reimburse meals and other expenses; give estimate of value

(Example: "Standard WCU per diem for meals; value \$ _____): _____

____ d. Intern will be employed (on Payroll) by the department listed in Item 1

If Intern will be employed, Section VIII below must also be completed by department and signed by HR

____ e. Host department will pay for housing directly (If yes, do not include this amount in #30c)

____ f. Other WCU Funding; explain: _____

31. If any WCU funds will be used to support this visitor, were these funds obtained **specifically for this visitor or specifically to support international exchange?** (Yes/No) _____ **THIS DOES NOT INCLUDE REGULAR RESEARCH FUNDS. If yes, please attach explanation and/or documentation, such as copy of funding agreement.**

32. Host department is expected to arrange for intern's housing. What arrangements will be made for intern's housing?

33. List all funding to be provided directly to this intern from other sources during this internship: _____

IMPORTANT!!!! Please attach documentation, in English, of all funding!!! This is normally a letter from the funding organization specifying the **source, dates and amount** of funding. (Do not include cost of travel to/from the U.S.) A letter from the intern is not sufficient documentation. The letter must state that the funds will be available to the intern while in the U.S. or while at WCU. (If intern will be paid by WCU, using research funds, this is WCU funding and is not listed here)

SECTION V - INSURANCE INFORMATION

34. The host department acknowledges that WCU requires the host department to purchase WCU student health insurance (Policy# _____) for the entire duration of an international intern's program and visit. Furthermore, US immigration law requires that any dependent J-2 persons accompanying the intern have health insurance coverage for their visit. Failure to comply with this regulation may result in the immediate cancellation of the visit.

Host Professor Signature Name (printed) Date

PART VI - MAILING INSTRUCTIONS (Warning! U.S. Airmail can take one month or more to be delivered)

35. Check one:
_____ Center for International Education should mail DS-2019 by airmail
_____ Mail by UPS; Charge Account Number: _____
_____ Mail by Federal Express; Charge Federal Express Account Number: _____
_____ Host Department will mail DS-2019; please call or e-mail _____ when ready for pick-up

SECTION VII - DEPARTMENT APPROVAL (Required for all J-1 Visitors) (Please read before signing!)

36. Approval by Host Professor: I certify that I will be the primary supervisor for this intern for the entire period listed in Question 25 above. If the intern leaves early or is absent for more than 30 days, I will inform my Department Head and/or IPS. I will ensure that the activities of this internship are educational and related to the intern's academic program. I also promise to complete the required internship evaluation and send it to the IPS BEFORE the intern leaves the U.S.

Host Professor Signature Name (printed) Date

37. Approval by Department Head: I have approved the internship activities described above and on Form DS-7002. I also certify that this department will pay the visitor the salary or other payment (if) specified in Question 30 above or Question 40 below, and that this department will pay for the intern's health insurance for the period of the internship. This intern will not be filling a regular position of employment which would normally be filled by a regular employee.

Will this intern be exposed to technology, equipment, software, or information a) listed on the Commerce Control List (CCL) of the Export Administration Regulations (EAR) or b) subject to the International Traffic in Arms Regulations (ITAR) listed as a Defense Article or Technical Data on the U.S. Munitions List (USML), or otherwise designed, developed, configured, adapted or modified for military application?

_____ Yes _____ No

[If yes, explain on a separate sheet.] If you are not sure, please consult IPS at 828-227-7494.

IMPORTANT: I will inform the Office of International Programs and Services, if the intern is terminated from employment or leaves WCU more than 30 days earlier than the dates given above or if the intern is absent for more than 30 days.

Department Head Signature Name (printed) Date

PART VIII - HUMAN RESOURCE APPROVAL - ONLY FOR INTERNS WHO WILL BE WCU EMPLOYEES

If this intern will be on WCU Payroll (as indicated in Question 30 above), Section VIII must be completed by host department and signed by a representative of WCU Human Resources before form is submitted to IPS. Obtain Department Head signature above before submitting to Human Resources. Section VIII does not need to be completed for non-employees.

38. Job Title: _____ 39. Position Number: _____

40. Salary: _____ per month 41. Hours/week: _____

42. Current dates of proposed employment: From: _____ To: _____
Month/Day/Year Month/Day/Year

I certify that ALL approvals have been given for employment of this person in this position. I also certify that this is a student or term position, that this person will not be employed in a position, which would normally be filled by a regular employee, and that he/she will not displace a U.S. worker.

(Human Resources) Signature Name (printed) Date