Certification of Academic Status for Participants in the J-1 Student Intern Program

STUDENT INFORMATION:

Student Intern's Name:			
(as it appears on passport)	First Name	Middle	Family Name
Student Intern is currently enro	olled at (name of insti	tution):	
Mailing address of institution:			
Student's Major:			
Anticipated Date of Graduatio	n:	Month/Day/Yea	
INTERNSHIP PROGRAM	M INFORMATIO	<u>N:</u>	
Dates of the internship: Start Date Month	EnEn	d Date:	Month/Day/Year
K-State department hosting the	e intern:		
Name of K-State internship su	pervisor:		

TO BE COMPLETED BY HOME INSTITUTION:

How will this K-State internship program fulfill the educational objectives of the student's current degree program?

I hereby certify the following information for the above listed student:

- 1. The information provided on this form is accurate.
- 2. The student is enrolled at and is pursuing a post-secondary degree at this institution.
- 3. The student is in good academic standing (e.g., is not under suspension or probation).
- 4. The student has the appropriate educational background to participate in the internship program as defined in the <u>Training/Internship Placement Plan form</u>.
- 5. The internship will fulfill the educational objectives of the student's course of study.
- 6. The student will be returning to this institution to complete his/her studies upon completion of the internship program.
- 7. There is no objection to the student receiving wages or other remuneration for participating in this internship program.

Name of Home Institution Dean/Academic Advisor (please print)

Signature

Title

Date

Telephone number

Email address

International Student and Scholar Services 104 International Student Center, Kansas State University, Manhattan, KS 66506 Phone: 785.532.6448 Fax: 785.532.6607 Email: <u>isss@ksu.edu</u> Web: <u>www.ksu.edu/isss</u>