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 Nama	Middle	Family Name	
			•	
Student Intern is currently enro		ion):		
Mailing address of institution:				
Anticipated Date of Graduation	n:	Month/Day/Vea		
INTERNSHIP PROGRAM		Wolfill/Day/Tea	.1	
	A INFORMATION.			
Dates of the internship: Start Date	End D	Oate:		
Start Date Month	/Day/Year		Month/Day/Year	
K-State department hosting the	e intern:			
Name of K-State internship su	pervisor:			
program?				
 2. The student is enrol 3. The student is in go 4. The student has the program as define 5. The internship will 6. The student will be internship program 	ing information for the ovided on this form is acceled at and is pursuing a produced academic standing (exappropriate educational d in the Training/Internstitution).	ne above listed students curate. cost-secondary degree at the secondary degree	this institution. on or probation). on the internship	
Name of Home Institution Dean/A	Academic Advisor (please pr	Signature		
Title		Date		
Telephone number		Email address	Email address	



International Student

& Scholar Services