

## CENTER FOR GLOBAL ENGAGEMENT OFFICE OF GLOBAL ACADEMIC SERVICES

### STUDENT INTERNSHIP CATEGORY

### CERTIFICATE OF ELIGIBILITY (22 CFR 62 Exchange Visitor Program)

### DEPARTMENT INSTRUCTIONS

The Office of Global Academic Services serves as a program sponsor for the J-1 Exchange Visitor Program on behalf of Florida Atlantic University (FAU). The Office of Global Academic Services advises FAU departments on appropriate visa classifications for prospective international visiting scholars in the categories of professor, research scholar, short-term scholar, specialist, or international student intern.

#### HOST DEPARTMENT INSTRUCTIONS:

- Submit your request electronically as one (1) PDF document in FAU's Filelocker to [achowel1@fau.edu](mailto:achowel1@fau.edu) or by email.
- All requests must be submitted at **least 60 days before** the expected start date. Please allow 10 business days for processing.
- Please provide the Exchange Visitor with ***Part II -Exchange Visitor DS-2019 Application Request Packet*** to the visitor to complete.
- As the Host Department, please review all responses in sections of the Part II of the packet, and collect all required supporting documentation such as passports, proof of funding, CV, Notification of Insurance, etc.
- Host Departments must complete ***Part I - DS-2019 Department Request Form for Internship*** and collect all approval signatures.
- **Background checks** - Departments are responsible for completing a background check on all exchange visitors, whether they are paid or unpaid. Departments should send an email to [empl@fau.edu](mailto:empl@fau.edu) and include the Exchange Visitor's full name (as it appears in the passport), email address, and the index account to be charged. **Departments must notify Global Academic Services if the exchange visitor is not cleared by HR to start the program.**
- Departments are responsible for informing the Office of Global Academic Services & the Division of Research of any significant changes in the Exchange Visitor's program (for example: funding sources, research objective, additional job responsibilities which are significantly different from the initial assignments).
- Department must notify the Office of Global Academic Services if the Exchange Visitor departs prior to the program completion.
- For non-paid Exchange Visitors, Departments should complete the *Scholar and Intern Personnel Form* to request a Z number, email address, and access to obtain an Owl card.

#### DOCUMENT CHECKLIST

- ✓ Complete Part I and Part II DS-2019 Request Packet
- ✓ Complete DS-7002 Form
- ✓ Request a Background Check with HR
- ✓ Copy of invitation/offer letter from the host department
- ✓ Academic Status Certification Form - located in Part II
- ✓ Interview Report Form - located in Part I
- ✓ Applicant's Resume/CV
- ✓ Proof of language proficiency - located in Part I
- ✓ Proof of sufficient funding in English and US Dollars
- ✓ Copy of passport biographical pages for the applicant and dependent(s)
- ✓ Request a Deemed Export Control Check and obtain a Clearance Memo
  - Submit "Deemed Export Visa Application" by email to [lathropm@fau.edu](mailto:lathropm@fau.edu)
  - You will receive a Deemed Export Control Memo from Myles Lathrop via email.
  - Submit the "memo" with this packet.

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**Office of Global Academic Services**

The J-1 Exchange Visitor Program was established to provide cultural and educational exchange program opportunities for international candidates looking to travel and gain experience in the United States. The J-1 Exchange Visitor Program is not intended merely to supply host organizations with labor.

The eligibility questions will determine whether Florida Atlantic University ("FAU") will move forward with sponsoring an applicant for a DS-2019 Certificate of Eligibility Exchange Visitor Status J-1 Nonimmigrant Visa.

A DS-2019 request may be denied if the applicant does not meet one or more of FAU's requirements, which include, but are not limited to:

- (1) Must have a known collaboration history between the FAU department and the institution abroad
- (2) Must have a known collaboration history between the FAU host faculty member and the applicant
- (3) Must have a valid MOU or affiliation agreement in place with FAU
- (4) Sponsorship for a paid FAU position with a focus on cultural and educational exchange
- (5) All eligibility requirements set forth by the Department of State

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INSTRUCTIONS: FAU host faculty member must be prepared to produce the necessary documentation to support the answers provided on this form.

1. Is this sponsorship for an FAU paid full-time or part-time position with a focus on cultural and educational exchange? \_\_\_\_\_Yes \_\_\_\_\_No
2. Does your Department/College/Division have an active MOU/Agreement of Collaboration with the applicant's home educational institution? \_\_\_\_\_Yes\* \_\_\_\_\_No

\*Provide name of the educational institution abroad: \_\_\_\_\_

\* Provide the date that the FAU MOU/Agreement of Collaboration was established: \_\_\_\_\_

\* Provide the date that FAU MOU/Agreement of Collaboration expires: \_\_\_\_\_

*\*Please provide a copy of the **active MOU/Agreement** as you have indicated above. Active dates and purpose of the agreement must be clearly stated. Departments/Colleges/Divisions are responsible for obtaining, managing, renewing, and providing copies of their MOU/Agreement of Collaboration.*

3. Do you personally know this applicant? \_\_\_\_\_Yes\*\* \_\_\_\_\_No
- 3a. \*\*If so, how long have you known this applicant? \_\_\_\_\_Years \_\_\_\_\_Months

4. In what capacity do you know this applicant? Please check all that apply.

4a. \_\_\_\_\_ Applicant was unknown to me prior to this application. Select one of the three options below.

\_\_\_\_\_ This is for a paid FAU position

\_\_\_\_\_ This is for a supervised international student internship

\_\_\_\_\_ Other, please explain: \_\_\_\_\_

4b. \_\_\_\_ Applicant is known to me through previous research or teaching collaboration.

Please provide details on the previous collaboration. Please include approximate dates, institution, research subject, publication source etc. Please print clearly.

4c. \_\_\_\_ Applicant is known to me through a professional organization in which I am an active member.

Name of professional organization: \_\_\_\_\_

4d. \_\_\_\_ Other. Please explain in detail below:

5. Optional: Please provide any additional information that is applicable to this this DS-2019 application request.

***I hereby certify that the information provided is true and correct to the best of my knowledge.***

|                        |                                      |                         |
|------------------------|--------------------------------------|-------------------------|
| _____<br>Print Name    | _____<br>Signature                   | _____<br>Date           |
| _____<br>Email address | _____<br>Department/College/Division | _____<br>Position title |

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PART I

SECTION A - DS-2019 DEPARTMENT REQUEST FORM  
STUDENT INTERNSHIP CATEGORY

To be completed by Host Department

**U.S. DEPARTMENT OF STATE REGULATIONS FOR INTERNSHIP EXPERIENCE:**

- Interns must be currently enrolled and pursuing studies at a post-secondary academic institution outside the U.S., or must have graduated from such an institution within 12 months prior to the proposed internship start date.
- Internships are up to 12 months in length without the possibility of extension beyond this period.
- Upon completing the internship program, participants must return to their home country and resume (if applicable) their academic programs in order to graduate from the post-secondary institution outside the U.S.
- The internship experience must be at least 32 hours per week with no more than 20 percent of the total activities consisting of clerical work.
- The program must provide the participants with opportunities to expand upon existing knowledge and skills, and must expose participants to American techniques, methodologies, and expertise.
- The program must not duplicate the participant's prior work experience or training received elsewhere.
- Internships may not involve child care, elder care, clinical/medical care, or aviation.
- Additional requirements exist for Hospitality/Tourism and Agriculture-related internships.
- Interns must have on-site supervision in completing daily tasks related to their internship activities.
- Interns must be evaluated at least once every six months. All evaluations must be completed and signed by the host faculty prior to the conclusion of the internship program. Copies of the evaluations must be submitted to the Office of Immigration Services and Compliance.

Exchange Visitor's Name: \_\_\_\_\_

**INTERNSHIP START DATE MUST BE 60 DAYS FROM PAPERWORK SUBMISSION**

Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_

Host Faculty First Name: \_\_\_\_\_ Host Faculty Last Name: \_\_\_\_\_

Faculty Email: \_\_\_\_\_ Faculty Phone Number: \_\_\_\_\_

Administrative Contact Name: \_\_\_\_\_ Administrative Contact Email: \_\_\_\_\_

Administrative Phone: \_\_\_\_\_ Host Department Name/College: \_\_\_\_\_

Name of Primary Site of Activity: \_\_\_\_\_

Address of Primary Site Activity: \_\_\_\_\_ Building & Room#: \_\_\_\_\_

Visitor's field of specialization (specify chemistry, physics, etc.): \_\_\_\_\_

Total hours per week (min. 32 required): \_\_\_\_\_ Hours of clerical activities per week: \_\_\_\_\_

Will this internship include any child care, medical patient care, aviation, or unskilled labor: \_\_\_\_ Yes\* \_\_\_\_ No

*\*Activities listed above are not permitted under the Exchange Visitor Program.*

*\*If you answered "yes". Please contact Global Academic Services*

**\* Description of Internship at FAU:**

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PART I

SECTION C – FINANCIAL INFORMATION

To be completed by Host Department

| Estimated Expenses<br>(housing, food, insurance,<br>transportation, etc.) | Exchange<br>Visitor | Exchange Visitor<br>with Spouse | Exchange Visitor<br>with Spouse and<br>One Child | Exchange Visitor with<br>Spouse and Two or<br>More Children |
|---------------------------------------------------------------------------|---------------------|---------------------------------|--------------------------------------------------|-------------------------------------------------------------|
| Monthly Estimated Living Expenses                                         | <b>\$1,500</b>      | <b>\$1,920</b>                  | <b>\$2,170</b>                                   | <b>\$2,420</b>                                              |
| Yearly Estimated Expenses                                                 | <b>\$18,000</b>     | <b>\$23,040</b>                 | <b>\$26,040</b>                                  | <b>\$29,040</b>                                             |

| Proof of funds must be submitted with application.<br>Review this financial section carefully and check the appropriate category |                                                                                                                                                                                              | U.S. Dollar Amount                |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>FLORIDA ATLANTIC UNIVERSITY SALARY</b>                                                                                        | ____ Salary from Florida Atlantic University. May include grant funds that are <b>NOT specifically for</b> international educational or cultural exchange.                                   | \$_____<br>____ Month ____ Annual |
|                                                                                                                                  | ____ Salary from Florida Atlantic University. May include grant funds that are <b>SPECIFICALLY for</b> international educational or cultural exchange.                                       | \$_____<br>____ Month ____ Annual |
| <b>*PERSONAL FUNDS</b>                                                                                                           | ____ Personal Funds from the Exchange Visitor                                                                                                                                                | \$_____<br>____ Month ____ Annual |
| <b>**DIRECT FUNDING FROM GOVERNMENT OR INTERNATIONAL ORGANIZATION</b>                                                            | U.S. Government Agency: _____<br>International Organization: _____<br>Exchange Visitor's Government: _____<br>Binational Commission of Visitor's Country: _____<br>Other Organization: _____ | \$_____<br>____ Month ____ Annual |

\*Individuals who are funded completely through personal funds must have ties with a research institution or university abroad, must have written permission from the home institution for the period of the DS-2019 request, and may only receive a DS-2019 for up to 12 months.

\*\*If funding is from a source other than FAU, a letter or other document from the funding source confirming the source, amount in U.S. dollars, and dates of funding must accompany this request. Foreign language documents must be accompanied by a certified English translation.

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CENTER FOR GLOBAL ENGAGEMENT  
OFFICE OF GLOBAL ACADEMIC SERVICES

**BACKGROUND CHECKS ON EXCHANGE VISITORS**

FAU HOST DEPARTMENT INSTRUCTIONS: Background checks are the responsibility of the FAU Host Department. For background checks that are in progress, the FAU Host Department must notify the Office of International Employee and Scholar Services if the background check does not meet company standards. To initiate a background check, please email your request to [empl@fau.edu](mailto:empl@fau.edu).

Check one of the below and provide the date of the background check:

**In Progress** - The FAU Host Department has requested a background check with Human Resources, and the background check is still in PROGRESS. ***The FAU Host Department is responsible for notifying the Office of International Employee and Scholar Services if the background check does not meet company standards.***

\_\_\_\_\_

\_\_\_\_\_ Provide date of when the background check was requested by the FAU Host Department (For in progress background checks only).

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**Completed** - The FAU Host Department has requested a background check with Human Resources, and the background check results meets company standards.

\_\_\_\_\_

\_\_\_\_\_ Provide date of when the background check was completed by Human Resources.

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OFFICE OF GLOBAL ACADEMIC SERVICES

PART I

SECTION D – DEEMED EXPORT CONTROL CHECK

**Department Instructions:** Complete the “Visa Applicant Export Control Questionnaire for Sponsored & Non-Sponsored Activities” form and submit it to Florida University’s Export Control Officer, Myles Lathrop, via email. Once the check is completed, please forward the “confirmation memo” with this packet.

**Link to Form:** <http://www.fau.edu/research/export-control/export-control-forms.php>

**Link to Government Regulations:** <https://www.bis.doc.gov/index.php/policy-guidance/deemed-exports/deemed-exports-faqs>

**Bureau of Industry and Security/ U.S. Department of Commerce:** Any foreign national is subject to the deemed export regulations except a foreign national who (1) is granted permanent residence, as demonstrated by the issuance of a permanent resident visa (i.e., Green Card); or (2) is granted U.S. citizenship; or (3) is granted status as a protected person under 8 U.S.C. 1324b(a)(3). This includes all persons in the U.S. as tourists, students, business people, scholars, researchers, technical experts, sailors, airline personnel, salespeople, military personnel, diplomats, etc.

**NAFSA:** Activities of nonimmigrants on campus may come under the purview of several kinds of export control regulations:

- The Department of State's International Traffic in Arms Regulations (ITAR) regulate the transfer and export of technologies relating to military applications listed on the Munitions Controls List (MCL).
- The Department of Commerce's Export Administration Regulations (EAR) regulate the transfer and export of technologies relating to civilian applications listed on the Commerce Control List (CCL).
- The U.S. Department of Treasury's Office of Foreign Assets Control (OFAC) regulates restrictions created by trade embargoes.

Technology or source code is considered to be exported not only under the traditional sense of shipping it overseas; an export of technology or source code can also be "deemed" to take place when it is released to a foreign national within the United States. Deemed exports must be authorized through an export license issued by the responsible Government agency.

Technology or code is considered "released" for export when it is "available to foreign nationals for visual inspection (such as reading technical specifications, plans, blueprints, etc.); when technology is exchanged orally; or when technology is made available by practice or application under the guidance of persons with knowledge of the technology." Many activities at colleges and universities can benefit from several exclusions to the export license requirement, including a fundamental research exclusion, an education exclusion, and a public domain exclusion

Part of a college or university's institutional responsibility is to determine if an export license must be sought for particular activities.

**Florida Atlantic University:** FAU is committed to complying with all United States export control laws and regulations. These laws and regulations were created and implemented by agencies including, but not limited to, the Department of Commerce (Export Administration Regulations - EAR), the Department of State (International Traffic in Arms Regulations – ITAR), and the Department of the Treasury (Office of Foreign Assets Control – OFAC). <http://www.fau.edu/research/export-control/index.php>

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OFFICE OF GLOBAL ACADEMIC SERVICES  
**DS-2019 EXTENSION REQUESTS ONLY**

**HOST DEPARTMENT INSTRUCTIONS:** If you are requesting an extension of the program dates for a current scholar/intern with a valid DS-2019, please review the latest FAU Visa Applicant Questionnaire form that you submitted to conduct the latest Deemed Export Control Check that FAU has on file.

If the information that was previously submitted to conduct the latest Deemed Export Control Check on file has changed, or the last check was conducted over 6 months ago, you will be required to submit a new *FAU Visa Applicant Questionnaire form* and have a new Deemed Export Control Check conducted.

If the information that was used to conduct the latest Deemed Export Control Check on file has not changed, and the last check was completed less than 6 months ago, please complete the bottom portion of this form.

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**NO CHANGES TO THE FAU VISA APPLICANT QUESTIONNAIRE FORM**

With respect to any and all information previously submitted for \_\_\_\_\_ (APPLICANT'S NAME). This confirms that the information previously provided to conduct the latest Deemed Export Control check on file with FAU remains accurate, true, complete and has not changed since the last deemed export control check which was completed on \_\_\_\_/\_\_\_\_/\_\_\_\_. The information on the FAU Visa Applicant Questionnaire that was previously submitted to the Division of Research does not require any correction, edit, modification, or amendment.

Print Name of Faculty Sponsor: \_\_\_\_\_

Signature of Faculty Sponsor: \_\_\_\_\_

Date of Signature: \_\_\_\_\_



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**PART I**

**SECTION E – VERIFICATION OF LANGUAGE PROFICIENCY (22 CFR 62.10 (2))**

The U.S. Department of State expects exchange visitors to have a level of English language proficiency that allows them to successfully perform their scholarly activities, to navigate daily life in the US, to read and comprehend program materials, understand their responsibilities, rights, and protections, and to obtain assistance when necessary.

**Name of student:** \_\_\_\_\_

English proficiency can be documented through one of the following options:

1. **Skype interview in English with the prospective Exchange Visitor on date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Acknowledgment: I certify that I conducted an interview in English with the prospective Exchange Visitor and his/her English language skills are sufficient for effective day-to-day functioning in the internship environment and for participation in university and community life.*

\_\_\_\_\_  
Host Faculty Member's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2. **A certified English teacher**

Acknowledgment: I am/was this prospective intern's English teacher from \_\_\_\_\_ to \_\_\_\_\_.  
Month/day/year Month/day/year

Acknowledgment: I certify that the student's language skills are sufficient for effective day-to-day functioning in the internship environment.

\_\_\_\_\_  
English teacher's name

\_\_\_\_\_  
English teacher's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**3. One of the following standardized language proficiency tests was completed (attach copy of test results):**

\_\_\_ TOEFL Written (score)\_\_\_\_\_ Minimum score required is 500.

\_\_\_ TOEFL Computer-based (score)\_\_\_\_\_ Minimum score required is 173.

\_\_\_ TOEFLI Internet-based (score)\_\_\_\_\_ Minimum score required is 61.

\_\_\_ IELTS (score)\_\_\_\_\_ Minimum score required is 6.0

The minimum scores listed above are the same minimum scores required for admission at FAU.

Note: Attach a copy of the test results. Results are valid for two years from the test date.

**PART I**  
**SECTION G – INTERVIEW REPORT FORM**

7. Does this person have the adequate academic preparation for the proposed internship?  
 \_\_\_ Yes      \_\_\_ No
8. Explain what specific skills and knowledge the intern will be able to gain from this internship, and how this internship differs from the intern's previous internship or training experiences.

9. Interviewer's signature \_\_\_\_\_ Date: \_\_\_\_\_

If the interviewer is from the university abroad, place official university seal or stamp here.

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PART I

SECTION F – ADDITIONAL ELIGIBILITY QUESTIONS

NON-PAID EXCHANGE VISITORS ONLY

The information below is necessary in order to determine J-1 status eligibility and to ensure that exchange visitors will be able to successfully complete their academic objectives. Please answer all questions:

1. ☐ Yes ☐ No. The exchange visitor will be engaged primarily in collaborative research with other FAU faculty and researchers.
2. ☐ Yes ☐ No. The exchange visitor has written leave permission from the home institution for the entire period requested through this document.
3. ☐ Yes ☐ No. The inviting department will restrict access to sensitive research and materials and will follow university export control regulations.
4. ☐ Yes ☐ No. The exchange visitor will receive a courtesy/affiliate appointment.

If you answered “no” to item #4, please check type of support that the host department will provide to this exchange visitor:

- ☐ FAU Email Account
- ☐ FAU OWL Card
- ☐ Library Access
- ☐ Access to office computer
- ☐ Access to office phone
- ☐ Office space

5. ☐ Yes ☐ No\*\*. The exchange visitor will spend the majority of his/her research time at a physical location within FAU.

\*\*If you answered “no” to item #5, please provide a brief description of where the visitor will be located during the period of J-1 sponsorship:

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6. The exchange visitor will be engaged primarily in independent research without student contact (DS-2019s will only be issued for a maximum of 12 months if permitted by the circumstances). ☐ Yes ☐ No\*\*

\*\*If you answered “no” to question #5 and question #6, you must submit Volunteer Registration Form and the Volunteer Waiver Release Form in compliance with the University Policy for Volunteers (Regulation 6.1). These forms must be submitted at least 15 days in advance of the program start date.

- ☐ [Volunteer Registration Form](#)
- ☐ [Volunteer Waiver and Release](#)

Note: A university background check is required for non-paid J-1 exchange visitors who fall under the Category One volunteer definition. The cost of the background check be covered by the host department or may be charged to the Exchange Visitor. Background check costs vary (estimated range: \$60 to \$200). Departments are responsible for making their own arrangements to collect the background check fee from the Exchange Visitors Please send an email to [empl@fau.edu](mailto:empl@fau.edu) to request a background check.

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**PART I**  
**SECTION H – DEPARTMENT APPROVAL**

**Please review this information carefully before signing the form.**

The U.S. Department of State (Bureau of Educational and Cultural Affairs) administers and monitors the J Exchange Visitor Program. According to program regulations, all J Exchange Visitors and their accompanying dependents must be familiar with the rules and regulations governing the program and must comply with the mandatory medical insurance requirements.

**IMMIGRATION REPORTING REQUIREMENTS (22 CFR 62.15)**

The Office of Global Academic Services is required to maintain J-1 records in the SEVIS database and to ensure compliance with all immigration requirements pertaining to the Exchange Visitor Program.

**Due to the time-sensitive nature of these requirements, Host Departments must:**

- Ensure that Exchange Visitors contact Global Academic Services upon arrival for check-in and a brief orientation (to be completed within 10 days of arrival in the U.S.).
- Notify the Office of Global Academic Services if the Exchange Visitor expects to arrive after the start date listed on the DS-2019.
- Notify the Office of Global Academic Services of the Exchange Visitor's departure date (prior to the individual's departure).
- Notify the Office of Global Academic Services of any events that may interfere the Exchange Visitor's successful progression and completion of the program.
- Ensure activities fall within the primary program objective for which the Exchange Visitor's DS-2019 was issued. Notify the Office of Global Academic Services within 10 days of any changes to the Exchange Visitor's mailing address, email, or phone number.

**INSURANCE REQUIREMENT (22 CFR 62.14)**

Sponsors must require that all exchange visitors have insurance in effect that covers the exchange visitors for sickness or accidents during the period of time that they participate in the sponsor's exchange visitor program. In addition, sponsors must require that accompanying spouses and dependents of exchange visitors have insurance for sickness and accidents. Sponsors must inform all exchange visitors that they, and any accompanying spouse and dependent(s), also may be subject to the requirements of the Affordable Care Act. A willful failure to carry insurance is a violation of the Exchange Visitor Program regulations. DOS treats willful failure to carry insurance as a serious infraction for which neither correction of the record nor reinstatement are available as remedies.

*I hereby certify that the information provided in the Department Request for DS-2019 application is true and correct to the best of my knowledge. I reviewed the information and I understand the college and departmental responsibilities of hosting this prospective exchange visitor.*

|                                                        |                           |                      |
|--------------------------------------------------------|---------------------------|----------------------|
| _____<br><b>Sponsoring Faculty Member (Print Name)</b> | _____<br><b>Signature</b> | _____<br><b>Date</b> |
| _____<br><b>Chair/Director (Print Name)</b>            | _____<br><b>Signature</b> | _____<br><b>Date</b> |
| _____<br><b>Dean (Print Name)</b>                      | _____<br><b>Signature</b> | _____<br><b>Date</b> |

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# FLORIDA ATLANTIC UNIVERSITY

## J-1 STUDENT INTERN EVALUATION FORM

**Purpose:** The Department of State requires that the hosting FAU Faculty/Supervisor evaluate the progress and performance of the J-1 Student Intern prior to the completion of the internship (22 CFR 62.22(f)(2)(iv))

**Instructions:** Hosting FAU Faculty/Supervisor must complete an evaluation at the (a) mid-point and at the (b) end point of a student intern's program. For internships less than 6 months, only one (1) final evaluation is required. For internships 6 months and longer, a mid-point evaluation and a final evaluation is required. A copy of the evaluation(s) must be submitted to the Global Academic Services and kept in the student intern's file for at least 3 years following the completion of each intern's program. Please submit the completed and signed Student Intern Evaluation Form to [achowel1@fau.edu](mailto:achowel1@fau.edu).

EVALUATION TYPE: \_\_\_\_\_ Mid-Point Evaluation \_\_\_\_\_ Final Evaluation

### STUDENT INTERN INFORMATION:

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

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

SEVIS #: N \_\_\_\_\_ Email: \_\_\_\_\_

### INTERNSHIP INFORMATION:

Host Department/College Name: \_\_\_\_\_

Internship Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Internship End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### HOST FACULTY/SUPERVISOR CERTIFICATION:

Host Faculty/Supervisor Last Name: \_\_\_\_\_

Host Faculty/Supervisor First Name: \_\_\_\_\_

Position Job Title: \_\_\_\_\_

FAU Email Address: \_\_\_\_\_

Evaluate the J-1 student intern's performance based on the goals and objectives outlined on the DS-7002 Training and Internship plan. Please review the DS 7002 before answering this question.

\_\_\_\_\_ Excellent \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average

Rate the overall student intern and training experience:

\_\_\_\_\_ Excellent \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average

Host Faculty/Supervisor Feedback:

\_\_\_\_\_  
**Supervisor's Print Name:**

\_\_\_\_\_  
**Supervisor's Signature:**

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

**STUDENT INTERN CERTIFICATION:**

How would you rate the overall training program at Florida Atlantic University, and its educational benefits to you?

\_\_\_\_\_ Excellent    \_\_\_\_\_ Above Average    \_\_\_\_\_ Average    \_\_\_\_\_ Below Average

Please rate the overall training program and its benefits:

\_\_\_\_\_ Excellent    \_\_\_\_\_ Above Average    \_\_\_\_\_ Average    \_\_\_\_\_ Below Average

Please provide feedback on your internship experience:

\_\_\_\_\_  
**Student Intern's Name**

\_\_\_\_\_  
**Student Intern's Signature**

\_\_\_\_\_  
**Date**