

## Student Intern Form

*The next two pages of this form must be completed by the student intern and sent to the sponsoring department/center.*

UFID

**J-1 Student Intern's Information (information as posted in passport):**

Last Name

First Name

Middle Name  Suffix

Date of Birth  Marital Status  Gender

City of Birth

Country of Birth

Country of Citizenship

Country of Permanent Residence

Occupational Field  Years of Experience

*(Current occupation in country of legal permanent residence/Institution)*

Anticipated Award Date of Bachelor's Degree

Field of Study Associated with Degree

Has the student intern been in the U.S. within the past 24 months as a J-1 student, professor, research scholar?

If yes, please indicate the dates (mm/dd/yyyy to mm/dd/yyyy):

Will the student intern be employed by or visiting other U.S. institutions, during, before, or after UF visit?

If yes, please attach a letter explaining the details: what university or institution, begin and end dates, will the intern receive payment, description of work, and contact information for all other institutions or universities.

**Address in Home Country:**

Address Line 1

Address Line 2

City  Province/State

Country  Postal Code

Email  Phone Number

**Current Address** (EVS will mail the DS-2019 form to this address):

Address Line 1

Address Line 2

City  Province/State

Country  Postal Code

Email  Phone Number

Last Name				UFID			
First Name			Middle Name			Suffix	

**Dependents**

**Dependent 1:**

Last Name							
First Name			Middle Name			Suffix	
Date of Birth		Gender		Relationship			
City of Birth							
Country of Birth							
Country of Citizenship							
Country of Permanent Residence							

**Dependent 2:**

Last Name							
First Name			Middle Name			Suffix	
Date of Birth		Gender		Relationship			
City of Birth							
Country of Birth							
Country of Citizenship							
Country of Permanent Residence							

**Dependent 3:**

Last Name							
First Name			Middle Name			Suffix	
Date of Birth		Gender		Relationship			
City of Birth							
Country of Birth							
Country of Citizenship							
Country of Permanent Residence							

**Dependent 4:**

Last Name							
First Name			Middle Name			Suffix	
Date of Birth		Gender		Relationship			
City of Birth							
Country of Birth							
Country of Citizenship							
Country of Permanent Residence							

***By submitting this form, I,***  ***certify that all information is true and accurate.***

### Internship Contract Agreement

An acceptable Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (i.e., classes, individual instruction, shadowing, etc.). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of each section must be completed for each phase if applicable (i.e., if the intern is rotating through different departments). **Midterm and Final Evaluations are required for internship programs that exceed six months. For programs with durations of less than six months, a Final Evaluation is required. All evaluations must be received by the UFIC prior to the end of the participant's exchange program and must be signed by both the participant and his or her immediate supervisor.** The J1 Internship may be authorized for a maximum of one year only. The J-1 Student Intern Program is not used as basis for employment and must be an integral part of the intern's degree requirements. The internship must consist of at least 32 hours of structured activities per week. The intern may not engage in “casual or unskilled labor”, and no more than 20% of the program may include clerical work. Interns in medical and social service fields (such as nursing and social work) may not engage in patient care or contact. Additional restrictions apply to persons in the field of hospitality and tourism.

**Note: Contracts will not be approved and interns may not begin their programs until a Training/Internship Placement Plan has been filed with the UFIC.**

#### Intern

I hereby acknowledge, understand and agree to the terms of the J1 UF Intern Program and Internship Placement Plan.

\_\_\_\_\_  
Intern's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

#### UFIC Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)