



BROWN

**Office of International Student & Scholar Services**

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**DS-2019 Request for J-1 Student Intern**

The Student Intern category is available to international students currently enrolled in and pursuing a degree at a postsecondary academic institution outside the United States whose U.S. internship will fulfill the educational objectives for a current degree program at their home institution.

**Site of Activity Information:**

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Department: \_\_\_\_\_ Department Website: \_\_\_\_\_

Department Administrator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Faculty Sponsor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address of Internship Site: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

DUNS Number: 001785542 Employer Identification Number (EIN): 05-0258809

**Student Intern Information:**

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Student Intern's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Last Name First Name

Date of Birth: \_\_\_\_\_ City & Country of Birth: \_\_\_\_\_  
Month/Day/Year

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residency: \_\_\_\_\_

Home Country Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Degree Level: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate Field of Study: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Academic institution in which the Student Intern is currently enrolled outside of the U.S.:  
Name: \_\_\_\_\_ City and Country: \_\_\_\_\_

Has Student Intern previously been in a J-1 Intern program at this degree level?  
\_\_\_\_ Yes \_\_\_\_ No (Note: students are only eligible to participate in one J-1 Student Intern program per degree level)

Dates of Appointment (should not exceed 12 months): From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Briefly describe the primary educational activity in which the Student Intern will engage:  
\_\_\_\_\_  
\_\_\_\_\_

Has the Student Intern previously been in J-1 status? \_\_\_\_ Yes \_\_\_\_ No

If Yes, from \_\_\_\_\_ to \_\_\_\_\_ Indicate the J-1 category: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Name of Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

If the Student Intern is currently in the U.S. please indicate her/his current immigration status: \_\_\_\_

The Student Intern plans to bring dependent family members: \_\_\_\_ No \_\_\_\_ Yes

If yes, please complete the following:

Name (Last, First)	Relationship	Date of Birth	City and Country of Birth	Country of Citizenship	Country of Permanent Residence

### **Financial Information:**

**Financial Support Guidelines:** For Exchange Visitor: \$2255/month. If family members will accompany visitor, please allow \$475 per month for spouse and \$325 per month per child. **Health and accident insurance is mandatory for visitors and accompanying dependents. Further details about health insurance will be provided to visitors before their arrival in the U.S. (Exchange Visitors are not required to have insurance until their arrival in the U.S.)**

Source and amount of Student Intern's financial support for duration of the internship program:

Brown University: \$ \_\_\_\_\_

Student Intern's Government: \$ \_\_\_\_\_ **Please attach a grant letter or financial statement.**

Other Organization's Name: \_\_\_\_\_ \$ \_\_\_\_\_  
**Please attach a grant letter or financial statement.**

Personal Funds: \$ \_\_\_\_\_ **Please attach a financial statement.**

## Internship Placement Plan:

Each 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, ect.). Each phase must build upon the previous phase to show a progression in the training/internship.

Will the internship consist of more than one phase?

\_\_\_\_\_ No- internship will consist of only 1 phase \_\_\_\_\_ Yes- Internship will consist of multiple phases.  
Phase # \_\_\_\_\_ of \_\_\_\_\_ Dates of this Phase: (mm/dd/yyyy) \_\_\_\_\_ to \_\_\_\_\_

**Brief Description of Intern's Role for this Program or this Phase:**

**Specific Goals and Objectives for this Phase:**

**Knowledge, Skills, or Techniques to be Imparted During this Phase**

1) *What specific knowledge, skills or techniques will be learned?*

2) *What plans are in place for the trainee/intern to participate in American cultural activities?*

**How, specifically, will these knowledge, skills or techniques be taught? Include the Specific Tasks and Activities to be Completed for this Phase**

**Methods of Supervision. Who will provide daily supervision of the intern and what are their qualifications to impart the planned learning during this phase?**

**Methods of Performance Evaluation. How will the intern's acquisition of new skills and competencies be measured during this phase?**  
(Note: For internships lasting less than 6 months a written evaluation must be submitted to OISSS by completion of the internship. For internships lasting longer than 6 months a written evaluation must be submitted to OISSS at the mid-point of the internship and the conclusion of the internship.)

Faculty Sponsor's Printed Name \_\_\_\_\_

Faculty Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that this department supports this request to sponsor a J-1 Student Intern.

Department Chair's Printed Name \_\_\_\_\_

Department Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_