

INTERNSHIP APPROVAL FORM

INTERNSHIP: The J-1 Internship Program is administered by the U.S. Department of State. The student intern is a foreign national enrolled in and pursuing a degree at an accredited post-secondary academic institution outside the United States and is participating in a student internship program in the United States that will fulfill the educational objectives for his or her current degree program at the home institution.

Exchange Visitor Category**	Description of Activity	Minimum Program Duration	Maximum Program Duration
Student Intern	Engage in structure student internship program		1 year

INSTRUCTIONS: This form must be completed and signed by the incoming student intern's Academic Advisor and Academic Dean located at his or her home institution. The completed form can be sent directly to Alexandria Harkins and Irina Aris at the University of Kansas Medical Center's Office of International Program.

Alexandria Harkins International Student and Exchange Visitor Adviser, ARO, DSO Email: aharkins2@kumc.edu Phone: 913-588-1460	Irina Aris Assistant Director of Inbound Programs, RO, DSO Email: iaris@kumc.edu Phone: 913-588-1485
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STUDENT FAMILY NAME:	STUDENT GIVEN NAME:
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FULL NAME OF ACADEMIC INSTITUTION/UNIVERSITY:

Is your institution an accredited postsecondary academic institution? YES NO

The student is enrolled in and pursuing what level of degree:

The student's subject or field of study is:

Is the student currently in good standing? YES NO
 IF NO, EXPLAIN:

The student's coursework is taught in which language?

What is the anticipated date of degree completion?

Will the student return to your institution to complete the degree? YES NO
 IF NO, EXPLAIN:

Proposed program dates for the internship:

The stated educational objective the internship will fulfill is:

Will the internship at the University of Kansas Medical Center fulfill an educational objective for the student's current degree program at the home institution? YES NO
 IF NO, EXPLAIN:

A student may participate in an internship with or without compensation. However, to be employed, the student needs the approval of the student's home institution's dean or academic advisor.

Do you approve of KUMC campus based employment for the student? YES NO

I certify that the information provided in this form is factual. I approve of the student's placement and participation in an internship at the University of Kansas Medical Center.

ACADEMIC ADVISOR Signature: Date: Printed Name: Title: Phone Number: Email Address:	ACADEMIC DEAN Signature: Date: Printed Name: Title: Phone Number: Email Address:
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