

J-1 Student Intern Application

Part II — To be completed by UVa Faculty Supervisor

Please attach completed form DS-7002 the training/internship placement plan (T/IPP).

Faculty Supervisor: _____

Department: _____ POB: _____

Phone: _____ E-Mail: _____

Department Contact: _____

Phone: _____ E-mail: _____

Student Intern Name: _____

Home Institution: _____

Major Field of Study: _____

Start Date: _____ End Date: _____

Will Student Intern receive funding from UVa? Yes No

If yes please indicate amount: _____ per month

Proof of English Language ability (please check one)

I have personally interviewed the student intern applicant and found his/her English language ability to be adequate for participation in the program.

UVa Supervisor Signature: _____ Date: _____

Copy of TOEFL results or other written proof of English language assessment

English is native language or language of instruction at home institution

I acknowledge that I have read the description and guidelines for the Student Intern program and agree to abide by the program requirements.

Faculty Supervisor

Date