

### J-1 Student Intern Verification

Complete the following form by checking the correct box and signing your name. This must be submitted to the sponsoring department of the University of Kentucky before your application process can begin.

Yes/True	No/False	Qualification Criteria
		I am currently enrolled full-time in my chosen career field at a degree or certificate-granting post-secondary academic institution outside the US.
		I have a sufficient grasp of the English language to function on a day to day basis. (Confirmation of language ability will be confirmed by department/sponsor via recognized language test, video conferencing or telephone interview.)
		This internship program will be in the field of my academic study. My dean or academic advisor will write a letter of support which confirms this.
		If I will be on the University of Kentucky payroll, my dean or academic advisor must give approval and will include this in the letter of support.
		I can show that I have sufficient funds to support myself for the duration of my stay, through employment in the U.S., support from my home institution or personal funds. (The University of Kentucky requires evidence of at least \$1,500/month per month.)
		I have a passport valid for six months after the date of my intended entry to the United States.
		The primary objective of my trip is to engage in a full-time internship of at least 32 hours per week. If I wish to take a class at UK it is limited to a maximum of 6 undergraduate credits during a regular term and 3 undergraduate credits during a summer term. I will be responsible for enrolling as a non-degree seeking student.
		The maximum duration of my internship is 12 months, and I am expected to depart the U.S. with 30 days of the completion of my program.
		I must have health insurance that meets the requirements set by the University of Kentucky when I arrive in the US, or agree to purchase such insurance through the University upon arrival. I have read and understand the attached information about health insurance.

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

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

Signed: \_\_\_\_\_