

INTERNATIONAL STUDENT AND SCHOLAR SERVICES

University of Connecticut 2110 Hillside Road, Unit 1083; Storrs, CT 06269 Phone: 860-486-3855 Fax: 860-486-5800
Web: issu.uconn.edu international@uconn.edu

SPONSORING DEPARTMENT'S ATTESTATION FOR J-1 STUDENT INTERN REQUEST

We certify that to the best of our knowledge the information we have provided in this J-1 Student Intern request is complete and true.

We agree to the following statements in accordance with 22 C.F.R. § 62.23 in order to host the student in the J-1 Student Intern category:

1. The internship provided to the student is an established internship program with our department, and the expected internship work is an experiential learning opportunity, not work normally performed by a UConn employee.
2. The internship is full-time, with a minimum of 32 hours per week. The internship work does not consist of more than 20 percent clerical work.
3. The internship is designed to expose the interns to "American techniques, methodologies, and technology," expand upon the participant's existing knowledge and skills, and "not duplicate the student intern's prior experience."
4. We understand that the internship program cannot place a student intern in any position that involves the following:
 - a. Unskilled or casual labor
 - b. Child care or elder care
 - c. Aviation
 - d. "Clinical positions or engaging in any other kind of work that involves patient care or contact, including any work that would require student interns to provide therapy, medication, or other clinical or medical care."
5. Before placing this DS-2019 request, we have secured a placement for the student intern. The appropriately trained internship supervisor has been identified.
6. We have developed procedures for evaluating all student interns in the program. We will conduct the evaluation and submit a written evaluation report to ISSS within one week of concluding the internship. If the internship lasts more than six months, we understand that we are also required to conduct a midpoint evaluation and submit the written evaluation report within one week of the midpoint mark. We also understand that ISSS will retain these evaluations for at least three years following completion of the student's internship program pursuant to J-1 Student Intern regulations.
7. We understand that if the intern receives payment, both the student's academic advisor/dean at the home institution *and* ISSS must approve of the payment, and the student intern must receive an updated Form DS-2019 prior to starting a paid assignment, should our department provide him/her a stipend.
8. We will ensure that all signatories on the Form DS-7002 receive an executed copy of the Form DS-7002.
9. The internship meets all requirements of the Fair Labor Standards Act (<http://www.dol.gov/whd/flsa/>) and the Migrant and Seasonal Agricultural Worker Protection Act (<http://www.dol.gov/compliance/laws/comp-msawpa.htm>).

By signing this document, I, the Department Head or Designee, and the Intern Supervisor signify an understanding of these conditions.

Signature of Department Head (or Designee)

Name of Department Head (or Designee) and Title Date

Signature of Intern's Supervisor

Name of Supervisor and Title Date

Name of Intern: _____

Internship period: from _____ to _____