

**Request for J-1 Visa Certificate (Form DS-2019)
For Student Interns**

*INTERNATIONAL SERVICES, LOUISIANA STATE UNIVERSITY
101 Hatcher Hall Phone: (225) 578-3191*

****Please use this form only if the student is an undergraduate student who does not already have a bachelor's degree. If they have a degree, use the J-1 Scholar (not Student Intern) forms**.**

This form should be used to request a Certificate of Eligibility (Form DS-2019) for Exchange Visitor Visa (J-1) status. The DS-2019 is a document issued by International Services office to prospective exchange visitors, including foreign undergraduate students who wish to come to LSU to pursue an internship. The DS-2019 is used by the student/intern to apply for a J-1 visa to enter the United States. The Request Form should be completed by the host department, signed by the department head, and submitted to the International Services office for processing, along with all the other documents listed on the Student Intern documentation checklist.

The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and return home to share their experiences. Although the J-1 category allows employment in certain circumstances, its purpose is to promote international exchange and learning. Therefore, the J-1 Exchange Visitor category is not to be used for the sole purpose of employment.

SECTION I: GENERAL INFORMATION

1. Student Intern's Name (Family, First, Middle): _____

2. E-mail address: _____
3. Name of Home Institution: _____
4. Internship Dates (MM/DD/YR): From: _____ To: _____
5. Host Department: _____
6. Department Address: _____
7. Department Contact: _____
8. Phone: _____ E-Mail: _____
9. Student Intern's main supervisor: _____
10. Supervisor's title: _____
11. Phone: _____ E-Mail: _____

SECTION II: INFORMATION ABOUT FUNDING

List all sources of support for the Visitor during the visit. Provide documentation of any NON-LSU funding. The documentation may be in the form of bank letters, if personally funded, or a letter from the funding organization specifying the DATES and TOTAL AMOUNT of funding. The minimum amount of money required for living expenses and health insurance is \$1,300.00 per month.

<u>SOURCE</u>	<u>AMOUNT</u>
LSU	_____
Visitor's Government	_____
Other Organizations	_____
Personal Funds	_____

SECTION III: INFORMATION ABOUT THE STUDENT INTERN/ THE INTERNSHIP

12. Male/Female _____ Date of Birth (MM/DD/YR): _____

13. City of birth: _____ Country of birth: _____

14. Country of Citizenship: _____

Country of Legal Permanent Residence: _____

15. Home address: _____

16. Field of Study: _____ Year of Study: _____

17. Date degree will be awarded (estimated mm-dd-yyyy. **Do not leave blank**): _____

18. How many hours per week will the Student Intern work? _____

19. Is the student coming through an agreement between his/her home institution and LSU?

_____ YES _____ NO

20. If yes, please provide brief information (if available) about the agreement _____

21. Is the student coming through an individual agreement between the student and the LSU faculty? _____YES_____NO

22. In which country and city will the student apply for the J-1 visa? _____

23. Has the student held J-1/J-2 status at any institution in the past 24 months?

_____ YES _____NO

If yes, give dates and location, and attach copies of current and/or previous Forms DS-2019:

24. Please provide a brief description of the purpose of the visit to LSU: _____

25. Attach copies of approved WORKDAY form; State N/A if not applicable:

Name of Department Head: _____

Signature: _____ **Date:** _____