



## J-1 STUDENT INTERN APPLICATION DEPARTMENT VERIFICATION FORM

Agreement for the department hosting a J-1 Student Intern

To be completed the Chair/Director of the sponsoring department

This is to certify that the Case Western Reserve University Department of \_\_\_\_\_  
would like to invite \_\_\_\_\_ to participate in an internship program  
from \_\_\_\_\_ to \_\_\_\_\_ [*minimum of 21 days and maximum of 1 year*]. The  
internship will consist of \_\_\_\_\_ hours per week [*minimum of 32 hours per week required*]. The J-1  
student intern \_\_\_\_\_ [*will/will not*] receive wages or other compensation. If the student intern is  
paid/compensated, the amount and/or type will be \_\_\_\_\_.

Pursuant to Federal Regulation [22 CFR 62.23\(i\)](#), I understand that the internship program will not place the  
student intern in a position that involves the following:

- Unskilled or casual labor
- Child care or elder care
- Aviation
- Clinical Positions or any other kind of work that involves patient care or contact, including any work that would require therapy, medication, or other clinical or medical care (e.g., sports or physical therapy, psychological counseling, nursing, dentistry, veterinary medicine, social work, speech therapy, or early childhood education)
- Any position, occupation, or business that could bring the J-1 Exchange Visitor Program, Case Western Reserve University, or this department into notoriety or disrepute.

Furthermore, I declare that this internship will not serve a labor need in our department and that this internship will exist solely to assist the student intern in achieving the objectives of his/her participation in a student internship program.

Printed Name of Department Chair/Director: \_\_\_\_\_

Signature of Department Chair/Director: \_\_\_\_\_ Date: \_\_\_\_\_