

Wright State University Student Intern Application

Please post/email your typed application materials to:

University Center for International Education (UCIE)
Attn: Steve Lyons, Assoc. Dir., UCIE
E190 Student Union, Wright State University
3640 Colonel Glenn Hwy
Dayton, OH 45435
j1scholar@wright.edu

Indicate your desired Internship start date:

Begin:

Day Month Year

End:

Day Month Year

(Please note that your DS-2019 may be valid for a period of no longer than 12 months.)

Personal Information (please print)

ID# (For WSU use only)

1. Name Male
Last (family) First (given) Middle Female
(check one)
2. Preferred Mailing Address
Street
- City State/Province Country Postal code
3. E-mail 4. Birth Date (Month/Day/Year)
5. Country of Citizenship 6. City and Country of Birth
7. Country of Issuance of Passport 8. Current Phone Number

Academic Information (please print)

9. Present Academic Degree Objective 10. Expected Degree Completion date
(Bachelor/Master/PhD) Month/Day/Year
11. Home Institution
12. Home Academic Department 13. Primary Area of Study
(Subject)
14. English Proficiency Score 15. Financial Support Funds Total
(Preferred English Tests: IELTS or TOEFL) (for program duration)
16. Please List Source of All Funding for Living Expenses
(Attach Bank Statement copies or funding letters)
17. Statement of Internship Objective

(Complete "Certification" on page two)

Certification

I certify that the above information has been completed by me and is accurate to the best of my knowledge. Further, I understand that I will be required to maintain an acceptable health insurance coverage during my stay for myself and any family members who accompany me to the U.S., and I agree to purchase this insurance coverage to be effective upon arrival in the United States and for the duration of my stay while on the Wright State University J-1 Exchanged Visitor Program. I understand if I bring a spouse or dependent children to the US with me, I must purchase health insurance for each of them throughout the period of their stay in the US. When requested, I will provide documentation to University officials that I am maintaining approved health insurance coverage for me and my family members who enter the US on J-2 visa status to reside with me. Lastly, I understand that I must report to the UCIE office within 10 days of my arrival in the US, and I am required to keep the UCIE office informed of my home address at all times.

Signature of Applicant

Day Month Year

Health Insurance Minimum Requirements

Exchange visitors are required by US Immigration regulations to maintain adequate health and accident insurance for themselves and any accompanying spouse and/or dependent(s). Information on recommended plans is available in WSU Human Resources - Employee Benefits or the Wright State Univ. Ctr. for International Education Office. The minimum insurance coverage requirements are:

- \$100,000 medical benefits per accident or illness
- \$25,000 repatriation of remains
- \$50,000 medical evacuation to home country
- \$500 ceiling on deductible per illness or accident

ADDITIONAL INSURANCE REQUIREMENTS/STIPULATIONS:

- May include provision for co-insurance under the terms of which the exchange visitor may be required to pay up to 25 percent of the covered benefits per accident or illness
- Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates
- Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above, a Standard and Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. rating of B+ or above, or such other rating service as the Agency may from time to time specify

WITH THIS COMPLETED APPLICATION* YOU MUST SUBMIT THE FOLLOWING:

- ✓ Clear photocopy of your current passport ID page
- ✓ TOEFL or IELTS test scores (or other acceptable proof of English proficiency)
- ✓ Medical History form (if you plan to apply for on-campus housing) **
- ✓ Financial Statement from bank or sponsoring governmental agency if intern stipend is below \$12,000 per year

*(*Please note that incomplete applications will result in a delay in the processing time for your DS-7002 and DS-2019 Forms required for the J-1 Student Intern visa)*

** See web site: <http://www.wright.edu/ucie/student/files/packet/medicalHistoryForm.pdf>

We look forward to your arrival!



**WRIGHT STATE
UNIVERSITY**