



Princeton University – Davis IC

International Student Internship Program (ISIP)

Program/Departmental Attestation Form

Request for J-1 Student Intern

THIS FORM IS TO BE COMPLETED BY A DEPARTMENT REPRESENTATIVE and submitted to the Davis International Center along with the other required ISIP visa application documents.

U.S. State Department regulations [22 C.F.R. §62.10(2)] require that applicants for J-1 visas possess sufficient proficiency in the English language to function on a day-to-day basis and to complete work tasks related to their J-1 program. The Davis International Center at Princeton University must have documented evidence that meets this requirement.

Name of J-1 Student Intern Applicant: _____

Princeton Department/Program: _____

I certify that the individual listed above has demonstrated sufficient proficiency in the English language to complete work tasks related to their J-1 program and to function on a day-to-day basis through one of the following:

- English language test results, e.g., TOEFL (score to be determined by department)
- A signed letter from an academic institution or English language school certifying English proficiency
- A departmental representative has verified the applicant's English language proficiency through a documented interview, conducted through one of the following:
 - In-person meeting
 - Videoconferencing
 - Telephone (if videoconferencing is not a viable option)

I further certify that:

- The intern listed above is enrolled and in good academic standing at an accredited post secondary academic institution outside the U.S. and the internship will fulfill educational objectives for the current degree program.
- The internship program will consist of a minimum of 32 hours per week and will not include more than 20% clerical work.
- I will provide a written evaluation of the intern's performance in the 15-day period BEFORE conclusion of the internship. Evaluation should be emailed to davisic@princeton.edu

By submitting this form, I hereby certify that the information on this form is complete and accurate to the best of my knowledge.

Name of Faculty Supervisor/Department Representative (mm/dd/yyyy)