



Home Institution Certification J-1 Student Intern

This form must be completed by the dean or academic advisor at the student intern's home institution.

Section 1: Student Intern Information

First Name: _____ Last Name: _____

Degree sought: _____ Major: _____

Expected date of graduation (mm/dd/yyyy): _____

Section 2: Home Institution Certification

I confirm the following:

x

- x It is my understanding that after completing the student internship program at Binghamton University, s/he intends to return to our institution to complete his or her degree program.
- x I further certify that the student internship program at Binghamton University will fulfill educational objectives for the student's current degree program at our institution.
- x I approve of the student's employment as associated with the student intern program at Binghamton University.

Dean/Academic Advisor name: _____

Institution: _____

Address: _____

Email: _____ Phone: _____

Dean/Academic Advisor signature: _____ Date: _____