

**J-1 REQUEST FORM (INTERN)**  
**THE UNIVERSITY OF TENNESSEE, KNOXVILLE**  
(Updated March 2008)

This form is used to initiate paperwork for a J-1 Visitor coming in the **Intern** category. Before completing this form, please read "J-1 Intern Program: Information and Instructions" available from the UT Center for International Education (CIE). Note that this form must be accompanied by several other forms and documents listed in "J-1 Intern: List of Documents to Be Submitted to CIE". This form should be completed by the host department (**NOT BY THE INTERN**), signed by the host professor and department head, and sent to the Center for International Education, 1620 Melrose Avenue (3531). If the intern will be employed by UT (on Payroll), the form must also be signed by Human Resources before submitting to CIE. CIE will then issue a Form DS-2019 which the intern should use to get a J-1 visa and enter the U.S. **This request form should not be used for students or scholars. Please answer all questions except those marked optional.** If there are any questions, please call the Center for International Education at 974-3177.

**PART I - HOST DEPARTMENT AND SUPERVISOR INFORMATION**

1. Host Department: \_\_\_\_\_
2. Department Address: \_\_\_\_\_ 3. Phone: \_\_\_\_\_
4. Host Professor: \_\_\_\_\_
5. Phone: \_\_\_\_\_ 6. E-mail: \_\_\_\_\_
7. Will the host professor be the primary supervisor for this intern? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. If no, give name and institution of primary supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II - INTERN INFORMATION**

9. Name of Intern: \_\_\_\_\_ 10. U.S. SS#: \_\_\_\_\_  
(as in passport ) Family Name Given Name(s) (*including full middle name*) (If any)
11. Male/Female: \_\_\_\_\_ 12. Date of Birth: \_\_\_\_\_ 13. Place of Birth: \_\_\_\_\_  
Month/Day/Year City Country
14. Citizen of: \_\_\_\_\_ 15. Legal Permanent Resident of: \_\_\_\_\_  
Country Country  
**If countries of citizenship and permanent residency are different, attach a copy of residency permit.**
16. Current (or most recent) employer **AND POSITION** in country of legal permanent residence (if currently a student, write "student")  
\_\_\_\_\_  
\_\_\_\_\_
17. Highest degree received (if any): \_\_\_\_\_ Date received: \_\_\_\_\_  
(Give **actual name of degree**, not U.S. equivalent)
18. Has this intern visited UTK before? (Yes/No) \_\_\_\_\_ If yes, give most recent dates: \_\_\_\_\_ Visa used: \_\_\_\_\_
19. Will the Intern be accompanied by spouse or children? (Yes/No) \_\_\_\_\_ How many? \_\_\_\_\_  
**(IMPORTANT: If yes, on a separate page, give name(as in passport), date of birth, gender, place of birth, country of citizenship, and country of legal permanent residence for each dependent)**
20. Intern's current residential address in home country: \_\_\_\_\_  
\_\_\_\_\_
21. Address to be used to mail DS-2019: (If same, write "same"): \_\_\_\_\_  
\_\_\_\_\_
22. E-mail Address: \_\_\_\_\_
23. Intern's Telephone #: \_\_\_\_\_ Intern's Fax # (optional): \_\_\_\_\_

**PART III - PROGRAM INFORMATION**

24. Summary of internship program: (Example: learn research techniques in chemical engineering). Provide more program details on DS-7002.) [NOTE: Remember that UT Policy does not permit anyone to take or audit classes without registering and paying. If the program includes any classes, call CIE to discuss the options]

\_\_\_\_\_  
\_\_\_\_\_

25. Dates of internship from: \_\_\_\_\_ to: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

[Do not include dates for Intern's personal travel (Intern is permitted to arrive 30 days early and remain in U.S. for up to 30 days of travel after leaving UT without special permission; no employment or payment is permitted during this period)]

26. How many hours per week will be spent in internship activities? \_\_\_\_\_

27. Will this internship include any clerical activities? (Yes/No) \_\_\_\_\_ If yes, how many hours per week? \_\_\_\_\_

28. Will this internship include any childcare or contact with medical patients? (Yes/No) \_\_\_\_\_

29. Where will the internship take place?  
**List exact physical address (including street address and zip code) for ALL locations. Use extra sheet if necessary.**

\_\_\_\_\_

**PART IV - FUNDING AND HOUSING INFORMATION**

30. Will this Intern be paid by UT host department during his/her visit? (Check one or all that apply)

- \_\_\_\_\_ Intern will not receive any payment or reimbursement from UT
- \_\_\_\_\_ Intern will receive *single payment* from host department listed in Item 1
- \_\_\_\_\_ **Payment Amount:** \_\_\_\_\_
- \_\_\_\_\_ **[Note:** UT Policy usually limits single payment to \$5000]
- \_\_\_\_\_ Department will pay/reimburse meals and other expenses; give estimate of value (Example: "Standard UT per diem for meals; value \$750"): \_\_\_\_\_
- \_\_\_\_\_ Intern will be employed (on Payroll) by the department listed in Item 1
- \_\_\_\_\_ **If Intern will be employed, Section VIII below must also be completed by department and signed by HR**
- \_\_\_\_\_ Other UT funding; explain: \_\_\_\_\_

31. If any UT funds will be used to support this intern, were these funds obtained **specifically for this intern or specifically to support international exchange?** (Yes/No) \_\_\_\_\_ **THIS DOES NOT INCLUDE REGULAR RESEARCH FUNDS. If yes, please attach explanation and/or documentation, such as copy of funding agreement.**

32. What housing arrangements will be made for this intern? \_\_\_\_\_

33. Will host department pay for intern's housing? (Yes/No) \_\_\_\_\_

34. List all non-UT funding to be provided directly to this intern during his/her visit at UT: \_\_\_\_\_

\_\_\_\_\_

**IMPORTANT!!!! Please attach documentation, in English, of all funding!!!** This is normally a letter from the funding organization specifying the **source, dates** and **amount** of funding. (Do not include cost of travel to/from the U.S.) A letter from the intern is not sufficient documentation. The letter must state that the funds will be available to the intern while in the U.S. or while at UT. (If intern will be paid by UT, using research funds, this is UT funding and is not listed here)

**SOURCE**

**AMOUNT**

Non-UT Institution where internship will take place (attach Third Party agreement Form) \_\_\_\_\_

Intern's government: \_\_\_\_\_

Intern's University: \_\_\_\_\_

Other organization(s) (specify): \_\_\_\_\_

Personal funds (provide letter in English from bank) \_\_\_\_\_

**SECTION V - INSURANCE INFORMATION**

35. Will host department pay for UT student health insurance for the intern, arranged by CIE? (Check one)

\_\_\_\_\_ This department will pay for CIE insurance for the intern's entire stay at UT (Strongly encouraged!)  
\_\_\_\_\_ This department will not pay for CIE insurance for this intern

36. If department will pay for UT [CIE] insurance (check one):

\_\_\_\_\_ Insurance will be paid for intern only \_\_\_\_\_ Insurance will be paid for intern and dependents

37. Charge the following UT account for CIE insurance: \_\_\_\_\_

**PART VI - MAILING INSTRUCTIONS**

(Warning! U.S. Airmail can take one month or more to be delivered)

38. Check one: \_\_\_\_\_ Center for International Education should mail DS-2019 by airmail  
\_\_\_\_\_ Mail by UPS; Charge UPS Account Number: \_\_\_\_\_  
\_\_\_\_\_ Mail by Federal Express; Charge Federal Express Account Number: \_\_\_\_\_  
\_\_\_\_\_ Mail by DHL; Charge DHL Account Number: \_\_\_\_\_  
\_\_\_\_\_ Host Department will mail DS-2019; please call or e-mail \_\_\_\_\_ when ready for pick-up

**SECTION VII - DEPARTMENT APPROVAL (Required for all J-1 Interns) (Please read before signing!)**

39. **Approval by Host Professor:** I certify that I will be the \_\_\_\_\_ Primary supervisor \_\_\_\_\_ Secondary supervisor (Check one) for this intern for the entire period listed in Question 25 above. **If the intern leaves early or is absent for more than 30 days, I will inform my Department Head and/or the UT Center for International Education.** I will ensure that the activities of this internship are educational and related to the intern's academic program.

\_\_\_\_\_  
Host Professor Signature Name (printed) Date

40. **Approval by Department Head:** I have approved the internship activities described above and on Form DS-7002. I also certify that this department will pay the intern the salary or other payment specified in Question 30 above or Question 43 below. This intern will not be filling a regular position of employment which would normally be filled by a regular employee.

Will this intern be exposed to technology, equipment, software, or information a ) listed on the Commerce Control List (CCL) of the Export Administration Regulations (EAR) or b) subject to the International Traffic in Arms Regulations (ITAR) listed as a Defense Article or Technical Data on the U.S. Munitions List (USML), or otherwise designed, developed, configured, adapted or modified for military application?

\_\_\_\_\_ Yes \_\_\_\_\_ No

[If yes, explain on a separate sheet.] If you are not sure, please consult the UT Export Control Officer at 974-0232.

**IMPORTANT: I will inform the Center for International Education if the intern is terminated from employment or leaves The University more than 30 days earlier than the dates given above or if the intern is absent for more than 30 days.**

\_\_\_\_\_  
Department Head Signature Name (printed) Date

**PART VIII - HUMAN RESOURCE APPROVAL - ONLY FOR INTERNS WHO WILL BE UT EMPLOYEES**

If this intern will be on UT Payroll (as indicated in Question 30 above), Section VIII must be completed by host department and signed by a representative of UT Human Resources **before form is submitted to CIE.** Obtain Department Head signature above before submitting to Human Resources. Section VIII does not need to be completed for non-employees.

41. Job Title: \_\_\_\_\_ 42. Position Number: \_\_\_\_\_

43. Salary: \_\_\_\_\_ per month 44. Hours/week: \_\_\_\_\_

45. Current dates of proposed employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

I certify that ALL approvals have been given for employment of this person in this position. **I also certify that this is a student or term position, that this person will not be employed in a position which would normally be filled by a regular employee, and that he/she will not displace a U.S. worker..**

\_\_\_\_\_  
(Human Resources) Signature Name (printed) Date