

Supervisor Invitation Form

This form must be completed by the Faculty inviting the student intern and sent to the sponsoring department/center.

UFID

J-1 Student Intern Information (information as posted in passport):

Last Name

First Name

Middle Name Suffix

Date of Birth Gender

Country of Citizenship

Has the student intern visited UF before? If yes, indicate most recent dates
If yes, give visa/status used

Has the visitor been in the U.S. within the past 24 months as a J-1 student, professor, research scholar?
If yes, please indicate the dates (mm/dd/yyyy to mm/dd/yyyy):

Will the intern be employed by or visiting other U.S. institutions, during, before, or after UF visit?
If yes, please attach a letter explaining the details: what university or institution, begin and end dates, will the intern receive payment, description of work, and contact information for all other institutions or universities.

Host Institution - Faculty/Supervisor Information:

Start date of activity at UF End date of activity at UF

How many hours will the intern be expected to work each week?

Department or REC Name:

Address Line 1

Address Line 2

City State Postal Code Routing Code

Name of Faculty Sponsor and Title

Email Phone Fax

FINANCIAL SUPPORT:

Interns must demonstrate they have \$1,500 per month in financial support and can utilize funding from several different sources. Please check all that apply.

University of Florida (including grants paid through payroll & in-kind support from lodging)

The intern has a placement at a Research and Education Center (REC) and will receive \$500 per month in the form of in-kind support for lodging

Has the program sponsor received funding for international exchange from one or more US government agencies to support this exchange visitor? Answer "YES" only if the intern is specifically named in the grant.

This question must be answered for all financial support categories.

Financial support from organizations other than the University of Florida will be listed on the [Certification of Financial Responsibility \(CFR\) form](#). Financial support documentation from each of the sources for the period requested must be attached.

Last Name	UFID	
First Name	Middle Name	Suffix

Training/Internship Placement Plan/DS-7002 (to be completed by the faculty mentor)

An acceptable Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (i.e., classes, individual instruction, shadowing, etc.). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of each section must be completed for each phase if applicable (i.e., if the intern is rotating through different departments).

Midterm and Final Evaluations are required for internship programs that exceed six months. For programs with durations of less than six months, a Final Evaluation is required. All evaluations must be received by the UFIC prior to the end of the participant's exchange program and must be signed by both the participant and his or her immediate supervisor. The J1 Internship may be authorized for a maximum of one year only. The J-1 Student Intern Program is not used as basis for employment and must be an integral part of the intern's degree requirements. The internship must consist of at least 32 hours of structured activities per week. The intern may not engage in “casual or unskilled labor”, and no more than 20% of the program may include clerical work. Interns in medical and social service fields (such as nursing and social work) may not engage in patient care or contact. Additional restrictions apply to persons in the field of hospitality and tourism.

Contract Agreement

Note: Contracts will not be approved and interns may not begin their programs until a Training/Internship Placement Plan has been filed with the UFIC.

UF Faculty Mentor / Supervisor Sponsoring the Intern

I certify that I will provide on-site supervision and that this training/internship is known and approved by this institution. I will ensure that the required insurance is in place and provide to the UFIC with written evaluations of the intern's performance, including the number of hours performed, the type of training, and the quality of the performance. At minimum, I will submit a midterm and final evaluation for the intern whose internship program exceeds six months. For programs with durations of less than six months, I will submit a Final Evaluation.

Faculty Mentor's / Supervisor's Signature

Date (mm/dd/yyyy)

Department Chair's or Center Director's Signature

Date (mm/dd/yyyy)

UFIC Representative

Signature Date (mm/dd/yyyy)