This form should be used to request a Certificate of Eligibility (Form DS-2019) for Exchange Visitor Visa (J-1) status. The DS-2019 is a document issued by International Services office to prospective exchange visitors, including foreign undergraduate students who wish to come to LSU to pursue an internship. The DS-2019 is used by the student/intern to apply for a J-1 visa to enter the United States. The Request Form should be completed by the host department, signed by the department head, and submitted to the International Services office for processing, along with all the other documents listed on the Student Intern documentation checklist.

The purpose of the J-1 Exchange Visitor Program is to provide foreign nationals with opportunities to participate in educational and cultural programs in the United States and return home to share their experiences. Although the J-1 category allows employment in certain circumstances, its purpose is to promote international exchange and learning. Therefore, the J-1 Exchange Visitor category is not to be used for the sole purpose of employment.

SECTION I: GENERAL INFORMATION
1. Student Internâ€™s Name (Family, First, Middle): ________________________________

2. Training/Internship Dates (MM/DD/YR): From: ____________ To: ______________

3. Host Department: __________________________________________________________

4. Department Address: ______________________________________________________

5. Department Contact: ______________________________________________________

6. Phone: ______________ Fax: ___________ E-Mail: ____________________________

7. LSU Supervisor: ____________________ Phone: _________ E-mail: ____________

SECTION II: INFORMATION ABOUT FUNDING
List all sources of support for the Visitor during the visit. Provide documentation of any NON-LSU funding. The documentation may be in the form of bank letters, if personally funded, or a letter from the funding organization specifying the DATES and TOTAL AMOUNT of funding. The minimum amount of money required for living expenses and health insurance is $1,300.00 per month.

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>LSU</td>
<td></td>
</tr>
<tr>
<td>Visitor's Government</td>
<td></td>
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<tr>
<td>Other Organizations</td>
<td></td>
</tr>
<tr>
<td>Personal Funds</td>
<td></td>
</tr>
</tbody>
</table>
SECTION III: INFORMATION ABOUT THE STUDENT INTERN AND THE INTERNSHIP

8. Male/Female: ___________ Date of Birth (MM/DD/YR): __________________________


10. Country of Citizenship: _________________________________________________
    Country of Legal Permanent Residence: ________________________________

11. Student's e-mail address: _______________________________________________

12. Student's home address: ________________________________________________
    _________________________________________________________________

13. Student's Field of Study: ________________________ Year of Study: __________

14. Date the degree will be awarded: __________________________________________

15. Name of Home Institution: _____________________________________________

16. In which country and city will student apply for the J-1 visa? ________________

17. Has the student held J-1/J-2 status at any institution in the past 24 months? _____ YES _____ NO
    If yes, give dates and location below, and attach copies of current and/or previous Forms DS-2019.
    ______________________________________________________________________

18. Please provide a brief description of the purpose of the visitor's visit to LSU:
    ______________________________________________________________________
    ______________________________________________________________________

19. Attach copies of approved HRS form; State N/A if HRS entry is not applicable:
    ______________

Name of Department Head: _________________________________________________

Signature: __________________________________________ Date: ________________