



J-1 STUDENT INTERN HOME INSTITUTION CERTIFICATION

The intern’s home institution is required to make certain official certifications. This form must be signed by the student’s dean or academic advisor at the home institution.

Intern’s Info:

Surname/Family Name(s)	Given Name(s)
Date of Birth	Degree Level Sought (Bachelor’s, Master’s, PhD, etc.)
Expected Date of Graduation	Major

Institution Certification:

<p>Our institution facilitates a curriculum at the post-secondary level. I certify that the above-named student is currently in good academic standing with our institution. It is my understanding that after completing the student internship program at the University of Massachusetts Medical School, he or she intends to return to our institution to complete his/her degree program.</p> <p>I further certify that the student internship program at University of Massachusetts Medical School will fulfill educational objectives for the student’s current degree program at our institution. I approve of the student’s employment as associated with the internship program at University of Massachusetts Medical School.</p>	
Today’s Date	Institutional Address
Name of Degree Granting Institution	
Dean or Academic Advisor Name	Signature of Dean/Academic Advisor
Dean/Academic Advisor Email	Dean/Academic Advisor Phone