## J-1 Summer Work and Travel Student Status Form

(To be completed by School Official)

Last Name		First Na	me		Date of Birth (MM/DD/YYYY	
Dear Dean, Faculty Officer, Head	d of Depar	tment				
The above-mentioned student re USA on the J1 Summer Work Pro This program requires that stude We therefore kindly ask you to co	gram. Thi nt particip	is is to satisfy pate in the p	the VISA requirent to the vision of the visi	nents as per	the US visa r	egulations.
Name of University / college:						
Degree / Course:						
Year of Study ( 1 <sup>st</sup> , 2 <sup>nd</sup> etc):						
Length of degree:						
School Enrollment Dates:	(חח)	(MM)	(YYYY) TO	(חח)	(MM)	(YYYY)
Summer Vacation Dates:						
	(טט)	(101101)				
Expected Date of Graduation:				(DD)	(MM)	(YYYY)
University Off	icial					
I certify that the person named above student for the Academic year of	is a full time					
Signature						
Name:						
Email:						
Phone:						
Date (mm-dd-yyyy):			Please Stamp with Official School Seal in this space.			