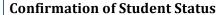
J1 SUMMER WORK TRAVEL PROGRAM





Dear Dean, Faculty Officer, Head of Department,

The student mentioned below is applying for participation in the J1 Summer Work Travel program. This program requires confirmation of student status for the purpose of program eligibility. As per program regulations established and overseen by the US Department of State, participants must be currently enrolled in an accredited post-secondary academic institution and can only participate in the program during his/her University / College official vacation. Individual exceptions cannot be made. We therefore kindly ask you to confirm the student enrollment information provided and complete the the section below:

Please confirm below that the pa	rticipant su	applied Information is tru	ue and accurate:
Name of Student:			
Name of University / college:			
Degree / Course:			
Year of Study (1 st , 2 nd etc):			
Expected Date of Graduation:	Day	Month	Year
University Summer Vacation Date	s For Enroll	ed Student's Program:	
Begins	Day	Month	Year
Ends	Day	Month	Year
the above information is correct. Printed Name:			
Title:			
Phone: country code ()			_
Email:			Please Stamp with Official School Seal in this space.
Signature:			- Trease Stainp with Official School Scal in this space.
Day Month		Year	_