

J-1 Proof of Education Eligibility

Section I – Student Information *To be completed by the student.*

Surname/Family Name (as appears on passport):

First Name:

Middle Name:

Date of Enrollment/Date you began school (MM/DD/YYYY):

Last Day of Classes (MM/DD/YYYY):

Graduation Date or Approximate Date of Graduation (MM/DD/YYYY):

NQF Level (*if applicable*):

Please check ONLY ONE of the boxes below and enter field of study:

I hereby certify I am currently enrolled full-time in and actively pursuing studies at a foreign ministerially-recognized post-secondary academic institution. Field of study:

I hereby certify I graduated from a foreign ministerially-recognized post-secondary academic institution, my certificate/diploma/degree is attached. Field of Study:

Section II – Educational Institution Information. *To be completed by an authorized representative.*

Name of Institution:

Please check one box:

I hereby certify that the above student has been registered (enrolled) full time to attend our institution since: _____ (DD/MM/YYYY). The course of study is more than 50% academic and directly related to the field of hospitality and tourism. I believe the student would benefit from an internship in hospitality tourism in the USA.

I hereby certify the student has completed coursework for a degree/certificate on _____ (DD/MM/YYYY). The student's course of study was more than 50% academic and directly related to the field of hospitality and tourism. I believe the student would benefit from an internship in hospitality tourism in the USA.

To confirm, check BOTH boxes and complete requested information.

I hereby verify that our school is a ministerially-recognized post-secondary academic institution (in countries without a national ministerial system, is recognized as having an academic function by an official regional educational authority).

Name of Ministry or Official Regional Educational Authority:

I hereby certify that all the information on this form is true, complete and accurate to the best of my knowledge.

University/College Representative Signature:

Date:

Insert Official Seal/Stamp Above