



# FORM B: PROGRAM INFORMATION

To be completed by the UH Point of Contact.

# B

## I. STUDENT INTERN

Surname/Primary	Given Name(s)	Dates of Internship (mm-dd-yyyy to mm-dd-yyyy)
		Start: _____ End: _____

## II. UH HOST INFORMATION

UH Point of Contact/Supervisor/Coordinator Name		Unit/Department Name
Email	Phone	Campus

## III. WORKSITE AND COMPENSATION

Host Organization Name (UH Unit/Dept or Third Party)			Address
City	State	Zip Code	Website URL
Employer ID Number (EIN)	Internship Hours Per Week	Compensation Stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ per _____ If Yes, how much?	
Workers' Compensation Policy <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier _____		Does your Workers' Compensation Policy cover J-1 student interns? <input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage Non-Monetary Compensation (if any) Value _____	
Number of FT Employees Onsite at Location	Annual Revenue <input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input type="checkbox"/> \$25 Million or More		

## IV. THIRD PARTY PARTICIPATION

A third party (e.g., hotel, government agency) will be assisting the UH Host Unit/Department in carrying out the internship.

Yes (complete this section)  No (skip this section)

UH must conduct a site visit of any third party assisting with the internship, to ensure the environment and conditions are adequately suited for the internship training. Placement at an academic institution or at a Federal, State, or local government office is specifically excluded from this requirement. As a representative of UH (the sponsor), have you conducted a site visit?

Yes  No (third party cannot be used until a site visit is conducted)

An executed written agreement between UH and the Third Party exists to allow the Third Party to act on behalf of UH in the conduct of the student internship program. This agreement outlines the full relationship between UH and the Third Party on all matters involving the administration of its program.

Yes (provide a copy of the agreement)  No (third party cannot be used until an agreement is executed)

Name of Third Party \_\_\_\_\_

Please list additional third parties, if more than one is assisting with internship.

(continued)

## V. VERIFICATION OF STUDENT ENGLISH ABILITY

The prospective student intern must possess sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis. As the UH host department Point of Contact, I have verified the student's English language proficiency through: (select one below)

- a recognized English language test. Test name: \_\_\_\_\_
- signed documentation from an academic institution or English language school. (Provide document.)
- a documented interview conducted in-person or by videoconferencing (Must be conducted by UH host supervisor/representative.)  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ Interviewer Name: \_\_\_\_\_
- telephone interview, if videoconferencing is not a viable option (Must be conducted by UH host supervisor/representative.)  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ Interviewer Name: \_\_\_\_\_

## VI. PAYMENT OF ISS PROCESSING FEE (\$300)

The ISS processing fee of \$300 will be paid by: (select one below)

- UH host department/unit
- UH host faculty
- Student Intern. Student has been informed of this responsibility.
- Other source. Name: \_\_\_\_\_