

I. STUDENT INTERN INFO	ORMA	ΓΙΟΝ						
Surname/Primary				Given Name(s)				
Gender	Email					Date of I	Birth (<i>mm-dd-yyyy</i>	<i>'</i>)
Male Female								
Address in Home Country						City of Birth		
Name of Current Academic Institution						Country of Birth		
Address of Current Academic Institution						Country of Citizenship		
Field of Study Type of De			gree			Country of Legal Residence		ce
Level of Study				Expected Graduation Dat			e (mm-dd-yyyy)	
Bachelor's Master's Doctorate								
II. FUNDING SOURCES								
ISS requires that each student inter								
that covers at least the estimated co	ost of livir	ng (US\$1600)/montr				ogram. List below	all that apply.
Personal/Family Funds (complete Affadavit below if applicable)					AMOUNT (in US \$)			
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University of Hawaii (provide offer/certification letter) U.S. Government (provide offer/certification letter)								
Home Country Government (provide offer/certification letter)								
Other Source:	ic officiate							
TOTAL (in US \$)								
III. FAMILY SPONSOR AF	ΈΔDΔ\	/IT OF SI	IPPC	ORT				
(Complete this section, if applicable					rt Lagree t	to be fina	ncially responsible	e for the person indicated
above by way of living and any othe Hawai'i in the amount below:								
Sponsor Name			Relationship to Student Inter			Intern	US\$	
Sponsor Signature						Date (mm-dd-yyyy)		
IV. STUDENT INTERN CE	RTIFIC	CATION						
I have have not	previous	ly participate	ed in a	J-1 Stu	udent Interi	n Progran	n.	
The information provided on this for	m, includ	ling all suppo	orting d	locume	ents, is true	and corr	ect to the best of r	· · · · · · · · · · · · · · · · · · ·
Student Intern Signature								Date (mm-dd-yyyy)

With this form, please attach related proof of funding and copy of passport biography page.

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