



# FORM E: HOME INSTITUTION CERTIFICATION

To be completed by the Student Intern's Home Institution Academic Advisor.



## I. STUDENT INTERN ACADEMIC INFORMATION

Surname/Primary	Given Name(s)	Degree (BA, MA, PhD, etc.)
Academic Institution Name	Field of Study	Expected Graduation Date (mm-dd-yyyy)

## II. ACADEMIC ADVISOR CERTIFICATION

Please choose YES or NO for each statement below.

- Yes  No This student is in good standing and is progressing normally toward the completion of his or her degree.
- Yes  No Upon completion of the J-1 Student Intern Program at the University of Hawai'i (UH), this student plans to return and complete his or her degree requirements at this institution.
- Yes  No I have read a description of this internship opportunity at UH and agree that this experience will enhance the student's academic program at this institution.

Additional comments

Academic Advisor Name	Signature	Date (mm-dd-yyyy)
Title	Email	