



Student Intern Information	
Passport Surname/Family Name:	Passport Given Name:
Date of birth (dd/mm/yyyy): ___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Home Institution:	
Address of Home Institution:	
Major Field of Study:	Degree Level (Bachelor, Masters, etc):
Anticipated Date of Graduation (dd/mm/yyyy): ___/___/___	
Dates of Internship (dd/mm/yyyy): ___/___/___ to ___/___/___	
How will this internship program fulfill the educational objectives of the student's current degree program?	

**Dean/Academic Advisor Certification**

I hereby certify the following information for the above student:

- The student is currently enrolled pursuing a post-secondary degree at this institution and is in good academic standing;
- I have reviewed a copy of the Form DS-7002, Training/Internship Placement Plan completed by the student's prospective WSU internship supervisor;
- The student has the appropriate educational background to participate in the internship;
- The internship at WSU will fulfill educational objectives of the student's current degree program;
- The internship will expose the student to American techniques, methodologies, and technology that will expand upon his or her current knowledge or skills;
- The student will be returning to this institution to complete his/her studies upon completion of the internship program.

Name of Dean or Academic Advisor:	Signature:
Title:	Date:
Email address:	Telephone Number: