



Last Name

[Grid for Last Name]

First Name

[Grid for First Name]

Date of Birth: | | |
Month Day Year

Partner Agency

Proof of Student Status

Section I

* To be completed by University/College Representative.

If your Educational Institution will not sign this form, they must provide you with an official letter (with English translation) on university letterhead verifying this same information.

I hereby certify that _____ / _____ is registered in our University as a full time student
Last Name First Name

for the year 20___/___.

Name of University: _____

City: _____

Professor Name: _____

Title: _____

Professor Signature: _____

| | |
Day Month Year

Official Seal/Stamp

[] Please check this box if your Educational Institution has chosen to issue an official letter instead of signing this form.
(English translation is required with this document)

Section II - University/College Information

*To be completed by Student

I hereby certify that I am enrolled in the above-mentioned University in the Semester following my return from the J-1 Summer Work & Travel Program.

My summer University break is from | | | to | | |
Day Month Year Day Month Year

Major field of study _____ The course length of my Major field of study is _____ years.

By the time I leave for USA, I will have completed _____ years of university level.

Student's Signature: _____

United Work and Travel, A Division of American Pool Enterprises, Inc.
J-1 Summer Work/Travel Program

This form must be filled out in its entirety in order to receive a DS 2019 Form.

(Rev 2/12/2009)