



CERTIFICATION OF ACADEMIC STATUS

This form must be completed by a representative at the student intern's home university.

▶ STUDENT INTERN INFORMATION

Passport Name: _____, _____ Date of Birth: ____/____/____
Family Name/Surname First/Given Name Month Day Year

▶ HOME UNIVERSITY INFORMATION

Name of Home Institution: _____

Website: _____

Accrediting Body: _____

▶ ENROLLMENT INFORMATION

Is the student intern currently enrolled at your institution? YES NO

Field of Study: _____ Degree Pursuing: _____

Is the student intern currently in good academic standing? YES NO

When is the student intern expected to complete their degree program? ____/____/____
Month Day Year

Will this internship be used to fulfill the educational objectives of the current degree program? YES NO

If the University of Arizona offers employment, wages or remuneration to the student intern, does the home institution approve the student intern to receive such compensation? YES NO

Other Comments: _____

▶ CERTIFICATION

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Email Address: _____



Please add your institution's official stamp or seal in the space above.