

EXCHANGE STUDENTS/INTERNS PROGRAM

REQUEST FORM FOR DS-2019

- The Code of Federal Regulations (CFR), Title 22, Chapter V, Part 514, and the United States Information Agency, stipulate that an Exchange Visitor must purchase medical insurance for self and dependents (including health/accident insurance coverage, repatriation cost for remains, and dismemberment). If university medical insurance is not available, then, the visitor must purchase insurance from a private provider.
- If you are sponsoring an **INTERN**, please provide information on page 2.
- Please type or print legibly all answers provided.

Exchange Student/Intern Information

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: ____ - ____ - ____ Gender: Female Male

City of Birth: _____ Country of Birth _____

Country of Legal Residence: _____ E-mail: _____

Home Institution: _____

Country of Home Institution: _____

Academic Status: (check one) Degree Graduate Non-degree Undergraduate Intern

Major Field of Study: _____

Proposed Program Dates: From: ____ - ____ - ____ To: ____ - ____ - ____

Extension Program Dates: From: ____ - ____ - ____ To: ____ - ____ - ____

Financial Information

Financial support for the prospective exchange student/intern will be provided by:

URI \$ _____ . 00 USD

OTHER \$ _____ . 00 USD Exchange Program: _____

OTHER \$ _____ . 00 USD Name of Agency: _____

OIE Information

Name of Department: Office of International Education

OIE Contact Person: _____ Phone #: (401) 874-5546 Fax: (401) 874- 4573

Signature of Requestor: _____ Date: _____

Academic Department Information – FOR INTERNS ONLY

Date of Request: _____ - _____ - _____

Name of Intern Advisor/Supervisor: _____ Title: _____

Academic Department: _____

Address of Department: _____

Telephone: () _____ - _____ Fax: () _____ - _____ E-mail: _____

Details about the Internship Experience

Please provide a brief description of the duties, goals and objectives expected of the Exchange Intern:

Please explain how the proposed experience relates to the Intern’s major field of study.

Signature of Dean/Department Head

Date