

Participant Eligibility Form



Partner Agency: _____ Intrax ID Number: _____

Proof of Student Status – To be completed by University Representative

(An official letter on university letterhead verifying this same information can be provided in lieu of completing this section.)

I hereby certify that _____ / _____
Last name (Family Name) First name

is registered at this Institution as a full-time student for the academic year _____ (enter year).

Name of Institution: _____ City, Country: _____

Official's Name: _____ Title: _____

By typing my full name below, I agree this serves as my **digital signature*** which is equivalent to my handwritten signature - I am therefore bound by this document :

Official's Signature: _____

Date (Day/Month/Year): _____ Seal/Stamp

☐ Please check this box if an official letter has been provided instead of a Signature, Seal, or Stamp.

University break dates – To be completed by Participant

I confirm that at the time of application, I (even if a final year student) am enrolled full-time and pursuing studies at an accredited post-secondary, classroom-based, academic institution (not a technical, vocational, tertiary or trade school) physically located outside of the United States (U.S.). When I start my Intrax program, I will have successfully completed at least one semester, or equivalent, of post-secondary academic study. I understand that the U.S. Department of State Regulations governing the Summer Work and Travel program prohibit me from working once my university summer break has ended. I will only accept a job offer for which program activity dates do not conflict with my official university summer break. [22 CFR § 62.32, <http://jvisa.state.gov/sponsors/current/regulations-compliance/>]

By typing my full name below, I agree this serves as my **digital signature*** which is equivalent to my handwritten signature - I am therefore bound by this document :

Participant's Signature: _____ Date (Day/Month/Year): _____

Conditions of Participation in the Intrax Summer Work and Travel Program

I understand that I am agreeing to participate in the Intrax Summer Work and Travel program and that my participation requires that I fulfill obligations set forth by the U. S. Department of State. I agree to the following: 1) To review all program materials and information provided by Intrax. 2) Within the first three days of arriving to the U.S., to "check in" with Intrax and to provide an accurate U.S. living address. 3) To respond to Intrax requests for information and monthly contacts. 4) To notify Intrax within 10 days of moving. 5) Start work only if my job has been approved by Intrax, which requires my agency in my home country or me to provide a copy of a business license, workers' compensation policy, and a completed Intrax job offer form. 6) Check my password-protected MyIntrax account regularly. 7) Follow all program requirements as detailed in the Intrax Program Terms & Conditions.

I understand the purpose, rules and regulations governing the J-1 Exchange Visitor Program and have consulted the U.S. Department of State website for information at <http://jvisa.state.gov/>.

I consent and authorize Intrax to use my name, photographs, file, application content, video resume or video likeness or any comments or statements from host companies or Intrax in materials or publications to promote the Intrax program.

By typing my full name below, I agree this serves as my **digital signature*** which is equivalent to my handwritten signature - I am therefore bound by this document :

Participant's Signature: _____ Date (Day/Month/Year): _____

In-Person Interview & English Language Assessment – To be completed by Partner Agency Representative

English Speaking/Comprehension: ☐ Conversational ☐ Advanced ☐ Native Speaker (check box only if Citizen of English-speaking country)

Test taken: _____ Test Score: _____

Name of Interviewer (even if native English speaker): _____ Interviewer's Title: _____

This applicant's Program Dates comply with the regulations. It is prohibited for students to participate in this program outside of the break between academic years in their host/home country's primary, summer, academic calendar. [22 CFR §62.32]

By typing my full name below, I agree this serves as my **digital signature*** which is equivalent to my handwritten signature - I am therefore bound by this document :

Interviewer's Signature: _____ Date (Day/Month/Year): _____

Prospective exchange visitors must demonstrate proficiency in conversational English and reading comprehension to participate in the program. [22 CFR §62.32]