This form must normally be completed by the intern’s host professor at WESTERN CAROLINA UNIVERSITY (WCU) before the DS-7002 and the J-1 Request Form are completed. In some cases, the interview can be conducted by a representative of the student/intern’s home university if there is a written agreement with WCU.

1. Name of prospective intern: _______________________________________________

2. Name of interviewer: _____________________________________________________

3. Is the interviewer (check one)
   ______ Host professor at Western Carolina University
   ______ Representative of intern’s home institution (Attach copy of written contract or agreement between WCU and that institution)
   ______ Other [Call IPS at 828-227-7949 if using other interviewer]: ________________________

4. Was interview conducted (check one)
   ______ In person                 ______ By telephone               ______ By video/web camera

5. Date of interview: _________________       6. Approximate length of interview:  ________________

7. Interview was conducted             _____ In English                ______ Not in English

8. Explain how the proposed internship is related to student/intern’s current/recent studies:
____________________________________________________________________________

9. After interviewing him/her do you feel this person has adequate academic preparation for this internship?
   ______ Yes                 _____ No
   If no, explain: ______________________________________________________________

10. Has this intern done other internships in the past?           _____ Yes       _____ No
    If yes: a) Give dates and location(s):  _______________________________________
    b) How will this internship be different from the other(s)?  __________________
       ___________________________________________________________________

11. Based on this interview, do you think this intern will have any difficulties completing the proposed internship?
    ______ Yes                          _____ No
    If yes, explain: ____________________________________________________________
_________________________________________________________________________________

Signature                     Name (printed)                     Date
_________________________________________________________________________________

Title                                         Name of Institution             E-mail address