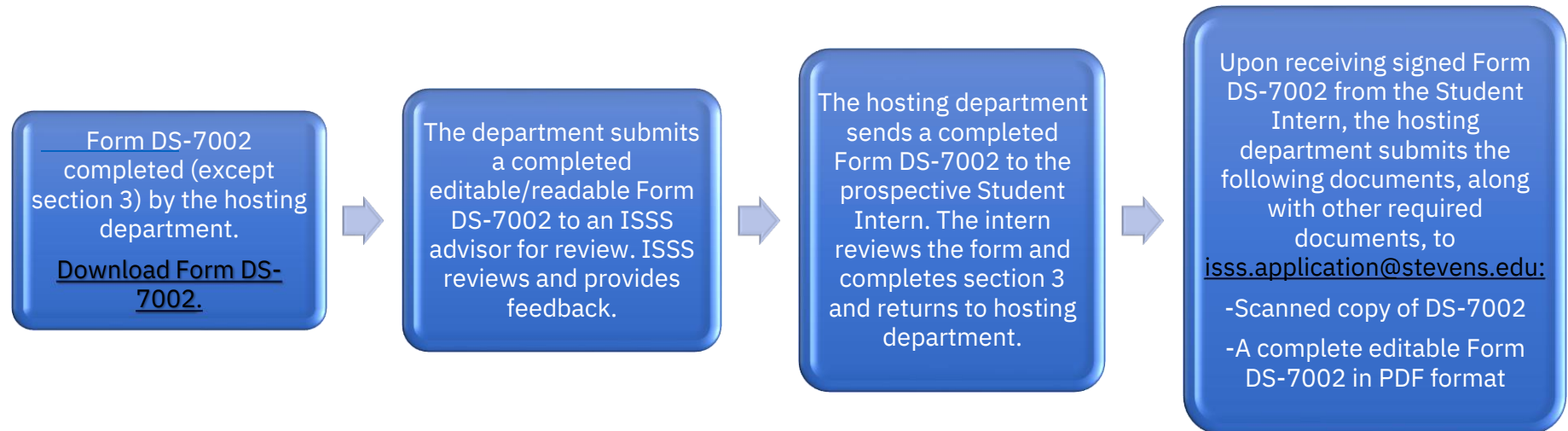


Process for completing the “Training/Internship Placement Plan” (Form DS-7002):



Tips for completing the “Training/Internship Placement Plan” (Form DS-7002):

1. Make sure the content reflects that the program is a bona fide training/internship program
2. Separate Form DS-7002s are required for each site of activity, if more than one site
3. Make sure to complete Form DS-7002 in its entirety
4. Make sure to review the attestations
5. Faculty supervisor is required to complete a written evaluation of Student Intern based on the Form DS-7002



### TRAINING/INTERNSHIP PLACEMENT PLAN

#### SECTION 1: ADDITIONAL EXCHANGE VISITOR INFORMATION

Trainee/Intern Name (Surname/Primary, Given Name(s) (must match passport name))		E-mail Address
Student's Family Name	Student's First Name	Student Intern's personal email address
Program Sponsor		Program Category
Stevens Institute of Technology		Student Intern
Occupational Category	Current Field of Study/Profession	Experience in Field (number of years)
Student	e.g. Computer Engineering	Add "N/A" or number of years of experience
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy)
e.g. Bachelor of Engineering		From To

Student Intern's name must match their **passport**.

Enter the Student Intern's **current** academic field of study at **their home institution**.

Enter the Student Intern's **current** level of study: e.g., Bachelors; Master's; Ph.D., etc. The student must be **currently enrolled** in a full-time program at their home institution.

Enter the date on which the student is **expected** to complete their current program at their home institution. This date should be in the **future** and must be after the end date of the internship at Stevens.

#### SECTION 2: HOST ORGANIZATION INFORMATION

Organization Name		Phase Site Address		Suite
Stevens Institute of Technology		1 Castle Point Terrace		
City	State	ZIP Code	Website URL	
Hoboken	NJ	07030	www.stevens.edu	
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Compensation		
22-1487354	32	Stipend <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? _____ per _____ Non-Monetary Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, value? _____ per _____		
Workers' Compensation Policy		Does your Workers' Compensation policy cover exchange Visitors?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Carrier _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage		
Number of FT Employees Onsite at Location	Annual Revenue			
Email ISSS	<input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input checked="" type="checkbox"/> \$25 Million or More			

Check "Yes" if the hosting department will pay the Student Intern; Check "no" if it is an unpaid internship.

Non-Monetary compensation examples include housing, meals, transportation, fees, etc.

The internship must be **full-time** and be at **minimum 32 hours per week**.

**SECTION 3: CERTIFICATIONS**

**Trainee/Intern** - I certify that:

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
2. I am entering into this Exchange Visitor Program in order to participate as a Trainee or Intern as delineated in this T/IPP and not simply to engage in labor or work within the United States.
3. I understand that the intent of the Exchange Visitor Program is to allow me to enhance my skills and gain exposure to U.S. culture and business in a way that will be useful to me when I return home upon completion of my program.
4. I understand that my internship/training will take place only at the organization listed on this T/IPP and that working at another organization while on the Exchange Visitor Program is prohibited.
5. I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
6. I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
7. I will follow all of my sponsor's guidelines required for my participation in my program.
8. I will contact the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest possible opportunity if I believe that my sponsor or supervisor (as set forth on page 3, section 4), is not providing me with a legitimate internship or training, as delineated on my T/IPP; and
9. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

**Trainee/Intern Certification:**

Student Intern must sign and return to the hosting department before submitting it to ISSS.

Note: scanned copies and electronic signatures are accepted.

Printed Name of Trainee/Intern  Date (mm-dd-yyyy)

Signature of Trainee/Intern

**Sponsor Certification** (Page 2 not shown):

Do **NOT** sign. Leave blank for ISSS advisor to complete.

**SECTION 4: TRAINING/INTERNSHIP PLACEMENT PLAN**

Each Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (e.g. classes, individual instruction, shadowing). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of pages 3 and 4 must be completed for each phase if applicable (e.g., if the trainee/intern is rotating through different departments).

Student's Intern's name must match their **passport**.

Surname/Primary, Given Name(s) <i>(must match passport name)</i>		The Exchange Visitor is:
Student's Family Name	Student's First Name	Student Intern

Program Sponsor	Program Number
Stevens Institute of Technology	P-1-00027

Main Program Supervisor/POC at Host Organization	Supervisor Contact Information	
Full Name of Overall Faculty Supervisor	Phone	Fax
Title	Email	
Overall Faculty Supervisor's Official Title		

List the specific field of the internship, which must relate to the prospective Student Intern's background.

**PHASE INFORMATION**

List name of specific laboratory or department here.

Phase Site Name	Training/Internship Field	Phase Site Address
e.g. Computer Engineering Department	e.g. Computer Engineering & Science	Training Site Street Address

Enter the Phase Faculty Supervisor's information, which may be the same as the Overall Faculty Supervisor's information above.

Phase Name	Start Date (mm-dd-yyyy) of Phase	End Date (mm-dd-yyyy) of Phase	Phase
Student Internship			1 of 1

List 1 of 1 if there is only one internship phase. If there are multiple phases, the hosting department will need to complete a separate DS-7002 with the phase stage accordingly (e.g., 1 of 3, 2 of 3, 3 of 3).

Primary Phase Supervisor	Supervisor Title
Name of Phase Faculty Supervisor of the Student Intern	Phase Faculty Supervisor's Official Title

E-mail	Phone Number
Phase Faculty Supervisor's Email Address	Phase Faculty Supervisor's Office Phone Number

Description of Trainee/Intern's role for this program or phase

This should be a broad, high level description of the intern/trainee's role in this phase of training. Think about what the intern/trainee's main responsibilities will be and what role they will fill within your organization. Two or three sentences will suffice.

Specific goals and objectives for this program or phase

This section should focus on what the training will accomplish for the participant, and not what the participant will do for the company. The training goal(s) should demonstrate what will be learned by the participant. Remember: these are high level goals, and not the details of what will be taught.

Please list the names and titles of those who will provide continuous (*for example, daily*) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?

Please include the supervisor for this phase and the overall supervisor if they are different people. This box should include all supervisor's names, official titles, and a brief description of their professional backgrounds. Please also include how the participant will be supervised. You could include how often the supervisor and participant will meet, what will be discussed and how it aligns with the objectives of the training. You could also list how and when the participant can access their supervisor.

What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

The hosting department is responsible for intentionally providing American cultural experiences as part of the training. Provide at least one specific example of a cultural activity that you will facilitate for the participant. Examples include: sporting events, dinner at a faculty member's home, movie premier, or organization-sponsored events.

What specific knowledge, skills, or techniques will be learned?

This section should outline what skills and knowledge the participant will gain as they work towards their goals. Add two to three sentences or a list that explains the knowledge, skills, or techniques related to the participant's field.

How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (*Trainees*).

Answer HOW you will conduct the training. Include specific tasks and projects the participant will complete and provide a clear picture of a typical day in this training phase. Be sure that how you train the participant is relevant to what they need to learn.

How will the Trainee/Intern's acquisition of new skills and competencies be measured?

In this section, we want to see how the supervisor/host organization is evaluating the performance of the participant against the goals and objectives stated in this training plan. What metrics will be considered to measure if the training is successful or not? It is important that this evaluation plan is in place and that both the participant and the host organization have agreed on this process in order to ensure a successful and measurable outcome to the program.

Additional Phase Remarks *(optional)*

OPTIONAL: Provide any additional information that is important.

Phase Supervisor - I certify that:

1. I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
2. I will contact the Sponsor at the earliest possible opportunity if I believe that the Trainee or Intern is not receiving the type of training delineated on this T/IPP;
3. I will actively support the Sponsor by adhering to all applicable regulatory provisions that govern this program (see 22 CFR Part 62);
4. The Trainee or Intern named in this T/IPP will not displace full-or part-time, seasonal or permanent American workers, or serve to fill a labor need;
5. I will conduct the required periodic evaluations of the Trainee or Intern named in this T/IPP;
6. I will notify the designated Sponsor contact at the earliest available opportunity regarding any concerns about, changes in, or deviations from this T/IPP.
7. I will notify the Sponsor in the event of an emergency involving the Trainee or Intern named in this T/IPP, as well as any information that I receive about the Trainee or Intern that might have an effect on that exchange visitor's health, safety, or welfare;
8. I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the Trainee or Intern named in this T/IPP that could be expected to bring the Department of State, the Exchange Visitor Program, or the Sponsor's exchange visitor program into notoriety or disrepute;
9. I am participating in this Exchange Visitor Program in order to provide the Trainee or Intern named in this T/IPP with training or an internship as delineated in this T/IPP;
10. I certify that this training or internship meets all the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.), if applicable. I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Agricultural Worker Protection Act, as amended (29 U.S.C. 1801 et seq.).
11. I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

Signature of Supervisor

Printed Name of Supervisor

Printed Name of the Faculty Supervisor

Date (mm-dd-yyyy)

#### PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to Section 102 of the Mutual Educational and Cultural Exchange Act of 1961, as amended (*the Fulbright-Hays Act*)(22 U.S.C. 2452) which provides for the administration of the Exchange Visitor Program (*J visa*).

PURPOSE: The information solicited on this form will be used to provide clarity of training and intern programs offered by entities designated by the U.S. Department of State to conduct exchange visitor programs; for general statistical use; and to administer the Trainee and Intern categories of the Exchange Visitor Program.

ROUTINE USES: The information on this form may be shared with entities administering the program on behalf of the Department; federal, state, local, or foreign government entities for law enforcement purposes; to members of Congress in response to a request on your behalf . More information on the Routine Uses for the system can be found in the System of Records Notice State-08, Educational and Cultural Exchange Program Records.

DISCLOSURE: Participation in this program is voluntary; however, failure to provide the information may delay or prevent participation in the Exchange Visitor Program.

#### PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: ECA/EC, SA-4E, U.S. Department of State, Washington, DC 20522-0505.

Faculty Supervisor must sign before submitting the form to ISSS.

Note: Scanned copies and electronic signatures are accepted.

### IMPORTANT:

The hosting department will need to submit the following two documents to [iss.application@steven.s.edu](mailto:iss.application@steven.s.edu):

1. Scanned copy of completed Form DS-7002
2. A complete editable Form DS-7002 in PDF format

Faculty Sponsor must conduct evaluation of Student Intern BEFORE internship program ends:

1. If program is more than 6 months, midpoint & final evaluation required
2. If less than 6 months, only final evaluation required