

# Sample of DS-7002 | Training/ Internship Placement Plan


Must be in the format of the machine readable zone at the bottom of the applicant's passport ID page ( last name/first name).

Student Intern's current degree. The Student Intern must be enrolled in a full-time program.

This must be the same completion date as submitted by the student on their J-1 Student Intern Home School Form.

Must be 32 hours/ week or greater, as the research must be full-time.


Student Intern must sign before submitting the form to ISSO.



U.S. Department of State

**TRAINING/INTERNSHIP PLACEMENT PLAN**

\*OMB APPROVAL NO. 1405-0170  
EXPIRATION DATE: 01-31-2021  
ESTIMATED BURDEN: 2 hours

SECTION 1: ADDITIONAL EXCHANGE VISITOR INFORMATION					
Trainee/Intern Name (Surname/Primary, Given Name(s) (must match passport name))				E-mail Address	
1 <b>Smith John</b>				Student's personal email	
Program Sponsor			Program Category		
Columbia University			Student Intern		
Occupational Category	Current Field of Study/Profession		Experience in Field (number of years) Add "N/A" (Not Applicable) or the number of years of experience.		
Student	e.g. Mechanical Engineering				
Type of Degree or Certificate equivalent	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy) 4			
2 Bachelor's degree	MM/DD/YYYY	From MM/DD/YYYY To MM/DD/YYYY			
SECTION 2: HOST ORGANIZATION INFORMATION					
Organization Name			Phase Site Address		Suite
Columbia University			• 2960 Broadway (Morningside) or • 630 W 168th St (Medical Center)		
City	State	ZIP Code	Website URL		
New York	NY	• 10027 (Morningside) • 10032 (Medical Center)	www.columbia.edu		
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Stipend 6		Compensation	
13-5598093	5 32	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?		per	
		Non-Monetary Compensation 7		e.g. \$1000 per month	
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ve.g. meals, airfare, etc			
Workers' Compensation Policy			Does your Workers' Compensation policy cover exchange Visitors? 7		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Carrier: PMA Companies (PMA)			<input type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage		
Number of FT Employees Onsite at Location	Annual Revenue				
16,700 approximately	<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				
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.					
Printed Name of Trainee/Intern			Printed Name of the Intern		Date (mm-dd-yyyy) MM/DD/YYYY
8					
Signature of Trainee/Intern					

**Note:** This sample was provided by the Department of Mechanical Engineering. Use this sample as a guide when filling out your application and tailor to your prospective Student Intern.

The Student Intern should agree to the Form DS-7002 Training Plan before the department submits a request for visa sponsorship and a scanned copy of the form to an ISSO adviser.

The dates of the internship should reflect the dates of the position at Columbia University and should match the dates on the DS-2019 form.

- Stipend: Choose "Yes" or "No"
- If "Yes:" If Student Intern is receiving funds, please list the frequency and the amount of the stipend.

Check "yes" if your Intern holds a university appointment (doing collaborative research).

Check "no, but equivalent coverage," if the Intern is doing independent research without an appointment, but first verify with your HR liaison.

**Note:** We didn't include page 2 of the DS-7002 as an ISSO adviser will sign it. No need to write anything there.

**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).

Surname/Primary, Given Name(s) (must match passport name)		The Exchange Visitor is:	
9 Smith John		Student Intern	
Program Sponsor		Program Number	
Columbia University		P-1-00381	
Main Program Supervisor/POC at Host Organization		Supervisor Contact Information	
Full name of supervisor name or PI		Phone	Supervisor Phone Fax Supervisor Fax
Title		Email	Supervisor Email
Supervisor's title			

Must be in the format of the machine readable zone at the bottom of the applicant's passport ID page (last name/first name).

List name of specific lab or academic department at Columbia University. For CUMC, just enter Columbia University Medical Center.

Use the specific field of the internship.

Please list the field with the word "Internship."

PHASE INFORMATION			
Phase Site Name	Training/Internship Field	Phase Site Address	
10 e.g. Biological Sciences Department	e.g. Mechanical Engineering, Philosophy, etc.	12	
Phase Name	Start Date (mm-dd-yyyy) of Phase	End Date (mm-dd-yyyy) of Phase	Phase
13 e.g. Mechanical Engineering Internship	Start of the specific phase.	End date of the specific phase.	1 of 1
Primary Phase Supervisor		Supervisor Title	
Name of the main supervisor of the Student Intern		Supervisor Title e.g. "Associate professor"	
E-mail		Phone Number	
Supervisor's email		Supervisor's work number	

This address should be the same as that of the primary site of activity.

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

e.g. The Student Intern will assist in the design and testing of microfluidic devices. She will perform supervised research activities within the cellular lab.

Provide a precise description of what the student-intern intends to gain from this experience.

Specific goals and objectives for this program or phase

14 e.g. The objective is to develop microfluidic devices for isolation of DNA oligomers with specific affinity to live cells for applications in personalized medicine. The supervisor and our team will train the Student Intern in relevant techniques for the field. Upon completion of this phase, the Student Intern will become familiar with analyzing data from multiple experiments and developing cross factorial hypothesis for more refined testing.

1 to 2 sentences on the supervisor's title and professional background.

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?

15 e.g. The Student Intern will be supervised by Dr. John Smith, Associate Professor of Mechanical Engineering at Columbia University. Professor Smith conducts research in microelectromechanical systems (MEMS) with application in biology and medicine.

This is important, because the foundation of the J-1 visa classification is to promote cross-cultural exchange and mutual understanding.

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

16 e.g. The Student Intern will be exposed to a variety of cultural opportunities both on-campus and in the city of New York. Columbia University offers a wealth of resources for participation in campus-sponsored activities and organized programs. These include the Columbia Arts Initiative as well as on-campus art galleries, presentations, films, and events. The Student Intern will also participate in departmental social activities and outings.

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

e.g. The Student Intern will gain expertise in the principles of fluid mechanics and skills in mechanical engineering instrumentation and testing.

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*).

e.g. The Student Intern will gain expertise by conducting specific tasks and activities to include the production of microfluidic design layouts, construction of microfluidic testing setup and conducting microfluidic testing.

In this section, it must be listed how the Student Intern will be taught by the faculty-supervisor on a regular basis. Please provide concrete measures.

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

17 e.g. The Student Intern will have weekly one-on-one meetings with Dr. Wong to discuss the program of the internship. The Student Intern will also report on the progress during the weekly team meetings and submit monthly reports.

Optional but can be used to add other relevant information about the internship.

Additional Phase Remarks (*optional*)

18

