

GUIDE TO COMPLETE THE DS-7002 T/IPP



U.S. Department of State

*OMB APPROVAL NO. 1405-0170
EXPIRATION DATE: 05-31-2024
ESTIMATED BURDEN: 1.5 hours

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	
Program Sponsor			Program Category		
Occupational Category		Current Field of Study/Profession		Experience in Field (number of years)	
Type of Degree or Certificate		Date Awarded (mm-dd-yyyy) or Expected		Training/Internship Dates (mm-dd-yyyy)	
From		To			

1. Program Sponsor: New Mexico State University
2. Program Category: Student Intern
3. Occupation Category: Student
4. Current Field of Study/Profession:
 - a. Verify with CV. Should reflect the CIP code = the name of the department
 - b. Example: Mechanical Engineering
5. Experience in Field (number of years)
 - a. N/A
 - b. Or the number of years of experience
6. Type of Degree or Certificate: Must be bachelor's or masters. Cannot be PhD students.
 - a. The student must be currently enrolled in and pursue a full-time degree at an accredited postsecondary academic institution outside the US.
 - b. DO NOT enter information about previous degrees the student has obtained.
7. Date Awarded or Expected: enter the date (month/day/year) the student is expected to complete their program of study (not the internship).
 - a. The date should be a future date and must be AFTER the end of the internship
8. Training/Internship Dates:
 - a. The dates of the internship should reflect the dates of the position at NMSU
 - b. The dates should match the requested program dates on the DS-2019 application form

Host Organization Information

SECTION 2: HOST ORGANIZATION INFORMATION					
Organization Name			Phase Site Address		Suite
City		State	ZIP Code	Website URL	
Employer ID Number (EIN)		Exchange Visitor Hours Per Week		Compensation	
				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 type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Carrier _____				<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			
		<input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input type="checkbox"/> \$25 Million or More			

1. Organization name: New Mexico State University
2. Phase Site Address: complete address where the student will be conducting their internship
3. Website URL: specific URL for the department's website
4. Employer ID Number (EIN): Please contact HR if needed
5. Exchange Visitor Hours Per Week: The internship must be full-time with a minimum of 32 hours per week.
6. Compensation:
 - a. Stipend: if yes, list the frequency and the amount of the stipend
 - b. Non-Monetary Compensation
7. Worker's Compensation Policy:
 - a. YES
 - b. Name of Carrier: Please contact HR if needed
8. Does your worker's compensation policy cover exchange visitors? Please contact HR
9. Number of FT Employees Onsite at Location
10. Annual Revenue

Certifications

SECTION 3: CERTIFICATIONS	
<p>Trainee/Intern - I certify that:</p> <ol style="list-style-type: none"> 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 _____	Date (mm-dd-yyyy) _____
Signature of Trainee/Intern _____	

Student intern signs here.

The student intern should agree to the Form DS-7002 Training Plan before the department submits a request for J-1 visa sponsorship.

1. The Exchange Visitor is: Student Intern
2. Program Sponsor: New Mexico State University
3. Program Number: P-1-03386
4. Main Program Supervisor/POC at Host Organization + Title: full name of supervisor or advisor
5. Supervisor Contact Information:
 - a. Phone
 - b. Email
 - c. Fax
6. Phase Site Name: name of specific academic departments
7. Training/Internship Field: use the specific field of the internship
8. Phase Site Address: the hosting department building or laboratory address. This address should be the same as that of the primary site of activity
9. Phase Name: Student Internship
10. Start Date of Phase
11. End Date of Phase
12. Phase: 1 of 1 if only one internship phase

Description of Trainee/Intern's role for this program or phase
13
Specific goals and objectives for this program or phase
14
Please list the names and titles of those who will provide continuous (<i>for example, daily</i>) supervision of the Trainee/Intern, including the primary supervisor. What are these persons' qualifications to teach the planned learning?
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13. Description of Trainee/Intern's role for this program or phase:

- a. This should be a broad description of the student intern's role in this internship where you explain the student's main responsibilities and what role they will fill within the department/lab.
- b. Must have 2 or 3 sentences.
- c. Examples: "the student intern will be in charge of..." or "the student intern will be responsible for..." or "the student intern will take part, be involved in... etc."

14. Specific goals and objectives for this program or phase:

- a. This section should be focused on describing what the student intern hopes to accomplish, what they will learn, and how this will help the student complete their degree at home university.
- b. Must have 1 or 2 sentences.
- c. Examples: "the objective of this internship is to provide the student intern with research experience that will be used to complete the requirements for their degree at their university."

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

- a. Include the daily supervisor and overall supervisor if they are two different individuals. This section should include not only the name of the supervisor(s) but also a brief description of their professional and academic backgrounds.
- b. Also include how the student intern will be supervised, for example, how often they will meet, what will be discussed, etc.
- c. Must have 1 or 2 sentences.

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

- a. Providing the student intern with an American cultural experience is a requirement as part of their internship program. Provide a couple of examples of cultural activities you will facilitate for the student intern.
- b. Must have 1 or 2 sentences.
- c. Examples include campus sporting events, department-sponsored social events, lab groups gatherings (dinners, going out to movies, trips to surrounding cities, Houston, Austin, Dallas, etc.), museum visits, BBQ/picnic, First Friday in downtown Bryan, visit to Bryan or Somerville lakes, visit local cultural festivals, attend concerts on campus or in the community, etc.

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

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

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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*).

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

- a. In this section, the faculty host should outline in detail the skills, techniques and knowledge the student intern will be learning.
- b. Must have 2 or 3 sentences.

18. 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).

- a. In this section, the faculty host will describe how the internship will be conducted and include specific tasks and projects the student intern will be given and taught to complete. Student interns are encouraged to audit classes, attend seminars and lectures, interact with professors, research staff, and graduate students that are relevant to their research field and will be beneficial to their internship.

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

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Additional Phase Remarks (optional)

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

- a. In this section, the faculty host should provide information on how they will evaluate the student intern's performance and monitor their progress to ensure that the goals and objectives stated on this form are met.

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

X

Printed Name of Supervisor

X

Date (mm-dd-yyyy)

X