



TEXAS TECH UNIVERSITY

International Student *and* Scholar Services™

Application for J-1 Student Interns

This application is only for J-1 Student intern programs. This completed application (Part I and Part II) and the other required documentation must be provided at least 4 months before you wish the student intern to arrive in the U.S.

STUDENT INTERN: A student from a foreign university coming to the United States to complete an internship that is part of their foreign degree program. [Maximum stay: 1 year]. Students are not qualified to participate in a J-1 student intern program if they have already completed their degree. Unlike J-1 student programs, student interns are not required to take courses but must be full-time (32 hours or more) during their internship.

There are two parts to this application. Part I gathers information ISSS will need to produce the J-1 Exchange visitor DS2019 for a student intern. The second part is the Training Internship Placement Plan, a description of the J-1 student intern program. The student will need both of these documents, with signatures, to apply for their visa at the embassy or consulate. After completing Part I and Part II, please return the completed form to ISSS for review.

Part I – Information for ISSS to Complete Form DS2019

To issue a DS-2019, “Certificate of Eligibility for Exchange Visitor (J-1)” for this J-1 student intern, the department host must provide the following information.

1. Name of J-1 Student Intern:

(As on Passport)

Family/Surname/s

Given Name/s



2. Student Intern’s Institution (where the student is currently studying)

3. The person that has authorized this J-1 student Internship program (must be the department chair or higher ranking administrator):

a. Name

b. Title

c. Department

4. Gender/Marital Status:

A Male Female

B Single Married

5. Date of Birth:
Month Day Year

6. Birth Place:
City Country

 7. Country of Citizenship:

8. Country of Legal Permanent Residence:

 **9. Financial Support**

IF SUPPORT IS FROM ANY SOURCE OTHER THAN TTU, PROOF OF SUPPORT MUST BE SUBMITTED TO ISSS

\$ TTU; Department

a. Will any U.S. government funding be involved?

Yes No

If yes, state the name of agency providing funds:

b. Was this government funding received specifically for the visitor?

Yes No

c. Was the funding received specifically designated for an exchange visitor program?

Yes No

\$ International Organization; Name of Organization:

\$ Exchange Visitor's Government

\$ Personal Funds

\$ Other; please explain:

10. Will TTU health insurance be offered to the student intern?

Yes No

11. Passport #:

Student intern's passport issued by what country?

12. Visitor's mailing address:

1. Street (with house #)
2. Apartment Number

- 3. City _____
- 4. Country _____
- 5. Postal Code _____
- 6. Phone Number _____


13. If the visitor will be accompanied by a spouse and/or children, please provide the following information for each: (Continue on separate sheet if needed.)

	Full Name	Relationship to Visitor (Son/Daughter)	City & Country Of Birth	Date of Birth (MM/DD/YY)	Permanent Residence	Already in U.S.?** (Y/N)
Spouse						
Child						
Child						


****Sponsors must report in SEVIS if dependents depart from the United States prior to the Exchange Visitors' departure dates. CFR 62.13 (a)(4)**

14. The Exchange Visitor applicant has the needed English language proficiency to participate in his/her program and to function on a day-to-day basis outside of the activity (e.g., outside the lab). CFR 62.10 (a)(2).

Please submit one of the following for English documentation:

- 1. Scores from a recognized English Language test
- 2. Signed documentation from an academic institution
- 3.  A documented interview (videoconferencing or in person), telephone interview accept if Videoconferencing not viable.

15. Immigration related materials are sent by express mail, **please provide a shipping account number (Departmental FOP)**

 Departmental FOP: _____

Sponsors are prohibited from forwarding a faxed or electronic copy of Form DS-2019 per Regulation (22CFR 62.12) (e)(2).

Part II - Form DS7002

J-1 student internship description (Training/Internship Placement Plan)

The direct TTU supervisor must provide information regarding the students' program on the following Form DS7002. All required fields must be completed before returning the application (Part I and Part II) to ISSS.

Karin Senft
Senior Administrator/ARO/DSO
Texas Tech University
Office of International Affairs (OIA)
International Student and Scholar Services (ISSS)
P.O. Box 45004
Lubbock, TX 79409-5004
Office: 806-742-3667
FAX: 806-742-1286



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 _____

SECTION 2: COMPENSATION

Organization Name		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?	
Workers' Compensation Policy <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Name of Carrier _____		Non-Monetary Compensation Value _____	per _____	
Does your Workers' Compensation policy cover exchange Visitors? <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			

SECTION 3: CERTIFICATIONS

Trainee/Intern - I certify that:

- I have reviewed, understand, and will follow this Training/Internship Placement Plan (T/IPP);
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.
- 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.
- 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.
- I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.
- I will respond in a timely way to all inquiries and monitoring activities of my sponsor.
- I will follow all of my sponsor's guidelines required for my participation in my program.
- 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
- 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 _____

Sponsor-

1. I have reviewed, understand, and will ensure that the Supervisor (as set forth on page 3, section 4) follows this Training/Internship Placement Plan (T/IPP) regarding the Trainee or Intern listed above;
2. I will notify the designated U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest available opportunity regarding any concerns about, changes in, or deviations from this Training/Internship Placement Plan (T/IPP), including, but not limited to, changes of Supervisor or host organization;
3. I will adhere to all applicable regulatory provisions that govern this program (see 22 CFR Part 62), including, but are not limited to, the following:
 - a. I will ensure that the Trainee or Intern named in this T/IPP receives continuous on-site supervision and mentoring by experienced and knowledgeable staff;
 - b. I have confirmed with the Supervisor or host organization representative that sufficient resources, plant, equipment, and trained personnel will be available to provide the specified training or internship program set forth in this T/IPP;
 - c. I will ensure that the Trainee or Intern named in this T/IPP obtains skills, knowledge, and competencies through structured and guided activities such as classroom training, seminars, rotation through several departments, on-the-job training, attendance at conferences, and similar learning activities, as appropriate in specific circumstances;
 - d. I will ensure that the Trainee or Intern named in this T/IPP does not displace full-or part-time temporary or permanent American workers or serve to fill a labor needed and ensure that the position that the Trainee or Intern fills exists primarily to assist the Trainee or Intern in achieving the objectives of his or her participation in this training or internship program;
 - e. I certify that this training or internship meets all of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.). I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal Worker Protection Act, as amended (29 U.S.C. 1801 et seq.)
 - f. I will notify the Department of State 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; and
 - g. 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 Responsible Officer or Alternate Responsible Officer _____

Printed Name of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) _____



Name of Sponsor Organization _____ Program Number _____

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) <i>(must match passport name)</i> [Redacted]	The Exchange Visitor is:
Program Sponsor	Program Number
Main Program Supervisor/POC at Host Organization Title	Supervisor Contact Information Phone _____ Fax _____ Email _____

PHASE INFORMATION

 Phase Site Name	Training/Internship Field	Phase Site Address	
Phase Name	Start Date (mm-dd-yyyy) of Phase	End Date (mm-dd-yyyy) of Phase	Phase  _____ of _____
Primary Phase Supervisor	Supervisor Title		
E-mail	Phone Number		
Description of Trainee/Intern's role for this program or phase			
Specific goals and objectives for this program or phase			
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?			
What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?			
What specific knowledge, skills, or techniques will be learned?			
How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities (Interns) and/ or methodology of training and chronology/syllabus (<i>Trainees</i>).			

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

Additional Phase Remarks (optional)

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.) I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal 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 _____

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.

PAPER WORK 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-5, Fifth Floor, U.S. Department of State, Washington, DC 20522.