

INTERNATIONAL AFFAIRS

TEXAS TECH

Office of the Provost

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 <u>at least 4 months before you wish the</u> student intern to arrive in the U.S.

<u>STUDENT INTERN</u>: 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



. 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:						
	Α Μ	ale	I	Female				
	BSir	ngle	N	Married				
5.	Date of Birth:							
01		Month	_	Day	Year			
6.	Birth Place:							
		City		Co	untry			
7 .	Country of Cit	izenship:						
8.	Country of Leg	gal Permanen	t Residence:					
9.	Financial Sup	oport						
	-	IS FROM AN	Y SOURCE OT	THER THA	N TTU, PRO	OOF OF SUPPO	RT MUST BE	
	\$		TTU Departn	nent				
		a.	Will any U.S. g	jovernment f	unding be invo	olved?		
			Yes	N	0			
			If yes, state the	name of age	ency providing	funds:		
		b.	Was this gove	rnment fundi	ng received s	pecifically for the	visitor?	
			Yes		No			
		с.	Was the fundir	ng received s	pecifically de	signated for an ex	change visitor pro	gram?
			Yes		No			
	\$	Internationa	l Organization	; Name of C	Organization:			<u> </u>
	\$ \$	Exchange \ Personal Fu	/isitor's Gover	nment				
	\$							
10.	Will TTU healt	h insurance b	e offered to the	e student in	tern?			
		Yes	1	No				
11.	Passport #:							
	Student i issued by	ntern's passpo / what country	ort /?					
12.	Visitor's mailir	-						
	1. Str 2 Ar	eet (with hous	se #) ber		<u></u>			
	2. 7							

- 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 <u>for</u> <u>each:</u> (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 accepted if Videoconferencing is not viable.
- 15. TTU has a processing fee for all student intern applications. The fee amount is \$360.00. Please provide a departmental FOP below to cover the processing fee for the application.

Departmental FOP:_____

Fund Manager: _____

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.

Weijun (Sarah) Huang, ARO International Student and Scholar Services Office of International Affairs Texas Tech University Box 45004 | Lubbock, TX 79409-5004 806-742-3667



TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: ADDITIONAL EXCHANGE VISITOR INFORMATION								
Trainee/Intern Name (Surname/Prima	ary, Given Na	ame(s) (mi	ust match passp	oort name)		E-mail Address		
Program Sponsor				Program Categ				
Flogram Sponsor				Flogram Caleg	ory			
Occupational Category	Current Fie	ld of Stud	y/Profession		Experie	nce in Field (number of years)		
T (D 0 1/2 1					- · ·			
Type of Degree or Certificate	Date Award	ded (mm-c	<i>ld-yyyy)</i> or Expe	ected Training/Internship Dates (mm-dd-yyyy)				
				From To				
	S	ECTION 2	: HOST ORGA	NIZATION INFO	RMATIO)N		
Organization Name	•			Phase Site Add			Suite	
City		State	ZIP Code	Website URL				
Employer ID Number (EIN)	Exchange Vis	sitor			C	ompensation		
	Hours Per We		Stipend _ Ye	s 🗌 No If yes,	how muc	ch? per		
			Non-Monetary Compensation	🗌 Yes 🗌 No	lf yes, v			
Workers' Compensation Policy				Does your Workers' Compensation polic			policy cover	
Yes No If yes, Name of Ca	arrier			exchange Visitors? Yes No, exempt				
Number of FT Employees Onsite at	Annual R	evenue						
Location		ovenue						
	90 to	\$3 Million	1 \$3 Millio	n to \$10 Million	\$10	0 Million to \$25 Million 🗌 \$25 Mil	lion or More	
		:	SECTION 3: CE	RTIFICATIONS				
Trainee/Intern - I certify that:								
1. I have reviewed, understand, and	will follow this	s Training	Internship Place	ement Plan (T/IF	PP);			
 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. 						y to		
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. 						ation while		
5. I will contact the Sponsor at the ea	rliest availab	le opportu	inity regarding a	ny concerns, ch	anges 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 guid	delines requir	red 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 								
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								

Sponsor-

1.	. I have reviewed, understand, and will ensure that the Supervisor (as set forth on page 3, section 4) follow Plan (T/IPP) regarding the Trainee or Intern listed above;	s this Training/Internship Placement				
2.	. I will notify the designated U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) a regarding any concerns about, changes in, or deviations from this Training/Internship Placement Plan (T/ changes of Supervisor or host organization;	at the earliest available opportunity IPP), including, but not limited to,				
3.	. I will adhere to all applicable regulatory provisions that govern this program (see 22 CFR Part 62), includi	ng, 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 ar knowledgeable staff; 	d mentoring by experienced and				
	 I have confirmed with the Supervisor or host organization representative that sufficient resources, plant, equipment, and trained personnel v 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 need 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 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.).					
	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.					
s	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						
L						

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S	SEC	TION 4: TRAINING/INTE	RNSHIP P	LACEMENT P	LAN		
Each Training/Internship Placement Plan shou a specific objective for each phase. The plan r individual instruction, shadowing). Each phase pages 3 and 4 must be completed for each pha	mus e mu	t also contain information st build upon the previou	on how the sphase to rainee/inter	e trainees/inter show a progres rn is rotating th	ns will accomplish those ssion in the training/inter rough different departme	objectives (e.g. classes, nship. A separate copy of	
Surname/Primary, Given Name(s) (must match	ssport name)	The Exch	ange Visitor is:				
Program Sponsor			Program	Number			
Main Program Supervisor/POC at Host Organi	izati	on	Superviso	or Contact Infor	mation		
Title			Phone Fax Email				
		PHASE INF		NI			
				'N			
Phase Site Name		Training/Internship Field			Phase Site Address		
Phase Name S	Star	t Date (<i>mm-dd-yyyy)</i> of P	hase	End Date (m	<i>m-dd-yyyy)</i> of Phase	Phase == of	
						UI	
Primary Phase Supervisor			Superviso	or Title			
E-mail			Phone Nu	umber			
Departmention of Trainage/Internin role for this pro-	~~~~						
Description of Trainee/Intern's role for this proc	gran	n or pnase					
Specific goals and objectives for this program	or p	hase					
Please list the names and titles of those who w	will p	rovide continuous (for ex	ample, dail	ly) supervision	of the Trainee/Intern, inc	luding the primary	
supervisor. What are these persons' qualificat	tions	to teach the planned lea	rning?				
1							

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>).
and chronology/syllabus (Trainees).
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);
- 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);
- 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;
 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

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.

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