

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



U.S. Department of State

OMB APPROVAL NO. 1405-0170  
 EXPIRATION DATE: 06-30-2026  
 ESTIMATED BURDEN: 1.5 hours

## TRAINING/INTERNSHIP PLACEMENT PLAN

SECTION 1: ADDITIONAL EXCHANGEVISITORINFORMATION				
Trainee/Intern Name (Surname/Primary, Given Name(s) (must match passport name))			E-mail Address	
Doe John			john.doe01@utrgv.edu	
Program Sponsor		Program Category		
University of Texas Rio Grande Valley (UTRGV)		Student Intern		
Occupational Category	Current Field of Study/Profession	Experience in Field (number of years)		
Student	e.g. Mechanical Engineering	Add "N/A" (Not Applicable) or the number of years of experience.		
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected	Training/Internship Dates (mm-dd-yyyy)		
Bachelor's Degree Equivalent	MM/DD/YYYY	From MM/DD/YYYY To MM/DD/YYYY		
SECTION 2: HOST ORGANIZATION INFORMATION				
Organization Name		Phase Site Address		Suite
University of Texas Rio Grande Valley (UTRGV)		1201 W University Dr		
City	State	ZIP Code	Website URL	
Edinburg	TX	78539	www.utrgv.edu	
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Stipend <input checked="" 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 _____		
###-####-####	32			
Workers' Compensation Policy			Does your Workers' Compensation policy cover exchange Visitors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, exempt <input type="checkbox"/> No, but equivalent coverage	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Carrier: PMA Companies (PMA)				
Number of FT Employees Onsite at Location	Annual Revenue			
#####	<input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 M on <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			Date (mm-dd-yyyy)	
Printed Name of the Intern			MM/DD/YYYY	
Signature of Trainee/Intern			SIGN HERE	

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 on their J-1 Student Intern Home School Form.

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

Student Intern must sign before submitting the form to ISS.

Note: This is only a sample. Use it as a guide when filling out your application and tailor it 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 ISS advisor.

The dates of the internship should reflect the dates of the position at UTRGV 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.

Note: We didn't include page 2 of the DS-7002 as an ISS advisor 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)

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

Surname/Primary, Given Name(s) (must match passport name) Doe John		The Exchange Visitor is: Student Intern	
Program Sponsor University of Texas Rio Grande Valley (UTRGV)		Program Number P-1-10067	
Main Program Supervisor/POC at Host Organization Full name of supervisors name or PI Title Supervisor's title		Supervisor Contact Information Phone Supervisor's Phone Fax Supervisor's Fax Email Supervisor's Email	

List name of specific lab or academic department at UTRGV.

Please list the field with the word "internship."

PHASE INFORMATION

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

Use the specific field of the internship.

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. He 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  
 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?  
 e.g. The Student Intern will be supervised by Dr. Supervisor, Associate Professor of Mechanical Engineering at UTRGV. Professor Supervisor 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?  
e.g. The Student Intern will be exposed to a variety of cultural opportunities both on-campus and in the Rio Grande Valley. UTRGV offers a wealth of resources for participation in campus-sponsored activities and organized programs. These include the UTRGV Arts Initiative as well as on-campus galleries, presentations, films, and other 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?  
e.g. The Student Intern will have weekly one-on-one meetings with Dr. Supervisor 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)

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 Supervisor Signature

Printed Name of Supervisor Printed Name of Supervisor Date (mm-dd-yyyy) 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 member must sign before submitting the form to ISS.**

**Note: After both supervisor and Student Intern agree on the training plan, the department submits the following to an ISS advisor.**

- A scanned copy
- A complete readable/editable DS-7002 pdf file