

In order to apply for a J-1 visa, a prospective student intern must present a Training/Internship Placement Plan (T/IPP, Form DS-7002). This plan serves as the outline for the student-intern's proposed internship program and defines the agreed-upon educational objectives. The form also provides details on how the student-intern will be supervised during the internship program.

Please complete this form and return it to ISAO along with the <u>Prospective J-1 Student-Intern Eligibility</u> <u>Verification Request</u> and <u>English Proficiency Form</u>. If student-intern is approved as eligible to apply, the ISAO J-Scholar Advisor will use the information in this form to complete Form DS-7002.

### **SECTION 1: PARTICIPANT INFORMATION**

STUDENT INTERN NAME:	
E-MAIL ADDRESS:	
CURRENT FIELD OF STUDY:	
DEGREE IN PROGRESS:	DATE EXPECTED:
INTERNSHIP START DATE:	INTERNSHIP END DATE:

## **SECTION 2: INTERNSHIP COMPENSATION**

HOST ORGANIZATION NAME:					
ORGANIZATION ADDRESS:	City/State	ZIP Code			
ORGANIZATION WEBSITE:					
EMPLOYER ID NUMBER (EIN):	HOURS PER WEEK:	_			
WILL STUDENT-INTERN BE PAID?  Yes No I	IF YES, HOW MUCH? per amount hour	_			
NON-MONETARY COMPENSATION VALUE: Include any housing, meals, and/or transportation compensation that will be provided by your department					
NAME OF CARRIER FOR WORKERS' COMPENSATION POLICY:	Curators of the University of Missouri Regulations require host organization to have a workers' compe	nsation insurance policy			
DOES YOUR WORKERS' COMP POLICY COVER EXCHANGE VISI	TORS? 🛛 Yes 🔲 No, exempt 🛛 No, but equiv	alent coverage			
# OF FULL-TIME EMPLOYEES OF YOUR TOTAL ORGANIZATION:					
ANNUAL REVENUE OF YOUR ORGANIZATION:	million 🛛 \$3-\$10 million 🗖 \$10-\$25 million 🛽	over \$25 million			



٦

#### **SECTION 3: CERTIFICATIONS**

This section will be included in final DS-7002

# SECTION 4: TRAINING/INTERNSHIP PLACEMENT PLAN

HOST ORGANIZATION PROGRAM SUPERVISOR:							
Name	e		Title				
CONTACT INFORMATION:							
Phone Fax			E-mail				
PHASE INFORMATION							
PHASE SITE NAME:			OR	Same as	Section 2		
PHASE SITE ADDRESS:			OR	□ Same as	Section 2		
Street address	City/State	ZIP Code					
PHASE NAME: List "Student Internship" if only one phase	PHASE NUMBER:	of					
NOTE: If there are multiple phases to this internship program, please complete a separate SECTION 4 for each phase. Examples of multiple phases include observation phase, lab work phase, etc.   PHASE START DATE:							
				Phone	E-mail		
	rvisor: Name s internship program is	Title s geared toward		pletion of the			



#### PROSPECTIVE J-1 STUDENT-INTERN DS-7002 INFORMATION FORM

WHO WILL PROVIDE CONTINUOUS (DAILY) SUPERVISION OF STUDENT-INTERN?				
NAME: TITLE	:			
Provide a few sentences about the supervisor's qualifications to teach the planned learning (i.e. amount of time serving in this position, other supervisory roles within position, etc):				
NAME: TITLE	:			
position, other supervisory roles within position, etc):	o teach the planned learning (i.e. amount of time serving in this			
PLANS FOR PARTICIPATION IN CULTURAL ACTIVITIES WHILE IN THE Student-intern sponsors are expected to provide planned, inter contact with American students/researchers is not sufficient to opportunities the student-intern will have to experience Ameri	ntional American cultural experiences to participants. Incidental of fulfill this requirement. Please provide details about			
SPECIFIC KNOWLEDGE, SKILLS, OR TECHNIQUES TO BE LEARNED This should expand on the goals and objectives listed previousl the student-intern will gain from this internship program.	y. Please do not list general categories but SPECIFIC items that			
HOW SPECIFICALLY WILL THESE KNOWLEDGE/SKILLS/TECHNIQUES Include specific tasks/activities, such as mentorship (with detai	<b>S BE TAUGHT?</b> Is), observations, lecture attendance, research participation, etc.			
<b>METHODS OF PERFORMANCE EVALUATION</b> How will the student-intern's acquisition of new skills and com frequency, how success will be measured, and who will perform	petencies be measured? Include details of evaluation, including n the evaluation(s).			
<u>NOTE</u> : The supervisor is required to complete a written e shorter than 6 months. If the program is longer than 6 SUPERVISOR MUST PROVIDE COPIES OF THE EVALUA	5 months, <u>two</u> written evaluations are required. THE			