



ACADEMIC TRAINING PLACEMENT PLAN

SECTION 1: J-1 EXCHANGE VISITOR INFORMATION (Completed by Student)

Student Name:		Student Email Address:	
SEVIS ID Number:	Education Level:		
Major Field of Study:			
Expected or Actual Completion Date of Purdue Academic Program:			

SECTION 2: SPONSOR INFORMATION

Sponsor Name: Purdue University	Sponsor Program Number: P-1-00622
Sponsor Address: 155 S Grant Street, West Lafayette, IN 47907	
Sponsor Phone: 765-494-5770	Sponsor Email: iss@purdue.edu

SECTION 3: EMPLOYER INFORMATION (Completed by Student/Employer)

Employer Name:		Employer Website URL:	
Employer Street Address:			
City:		State:	Zip:
Employer ID Number (EIN):	Hours Per Week:	Compensation Amount and Frequency:	
Training Start Date:	Training End Date:	Job Title:	
Supervisor Name:			
Supervisor Email:		Supervisor Phone:	

SECTION 4: TRAINING PLAN (Completed by Student and Employer)

Student Role: Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through their degree.

Goal and Objectives: Describe how the assignment(s) with the employer will help the student achieve their specific objectives for worked-based learning related to their degree.

Employer Oversight: Explain how the employer provides oversight and supervision. Also list the names and titles of those who will provide continuous/daily supervision of the student, including the primary supervisor, as well as these persons' qualifications to teach the planned learning.

Measures and Assessments: How will the student's acquisition of new skills and competencies be measured?

Additional Remarks (optional) :

SECTION 5: EMPLOYER CERTIFICATION

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. I understand that 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.

I certify on behalf of the employer that this Academic Training Placement Plan is approved and that:

Regarding the training plan:

1. I have reviewed, understand, and will follow this Plan;
2. I confirm that this Plan will prioritize academic objectives rather than to fulfill the labor needs of my organization and consists of work-based learning in the student's major field of study;
3. I will contact Sponsor (Purdue University) at the earliest possible opportunity if I believe that the student is not receiving the type of training delineated on this Plan;
4. I will notify the Sponsor at the earliest available opportunity regarding any concerns about, changes in, or deviations from this Plan; and
5. I will conduct the required periodic evaluations of the student named in this Plan.

Concerning the position:

6. The student named in this Plan will not displace full- or part-time, seasonal or permanent American workers, or serve to fill a labor need;
7. I certify that this position meets all the requirements of the Fair Labor Standards Act. I also certify that any training in the field of agriculture meets all requirements of the Migrant and Seasonal Agricultural Worker Protection Act;
8. I affirm that the tasks of this position consist of no more than 20 percent clerical work; and
9. I affirm that this position does not involve unskilled or casual labor (as defined by 22CFR62 Appendix E), childcare or elder care, aviation, clinical positions or engaging in any other kind of work that involves patient care or contact, including any work that requires students to provide therapy, medication, or other clinical or medical care (e.g., sports or physical therapy, psychological counseling, nursing, dentistry, veterinary medicine, social work, speech therapy, or early childhood education).
10. I understand that after the completion date listed on page 1, the position must be for a minimum of 20 hours weekly and may consist of up to 40% remote work. I understand that the student must have an on-site supervisor for a minimum of 60% of the work time.

Concerning regulatory requirements:

11. I will actively support the program sponsor (Purdue University) by adhering to all applicable regulatory provisions that govern this program (see 22 CFR Part 62), including notably:
 - a) I will notify the Sponsor in the event of an emergency involving the student named in the Plan, as well as any information that I receive that might have an effect on that student's health, safety, or welfare.
 - b) I will notify the Sponsor if I receive information regarding a serious problem or controversy involving the student named in this plan 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.

Signature of Employer Official: _____

Printed Name and Title of Employer Official: _____

Date: _____ Name of Employing Organization: _____

SECTION 6: STUDENT CERTIFICATION

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. I understand that 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.

I certify that:

- 1. I have reviewed, understand, and will adhere to this Academic Training Placement Plan;
- 2. I will notify the Alternate/Responsible Officer (A/RO) at Purdue University at the earliest available opportunity if I believe that my employer is not providing me with appropriate training as delineated on this Plan;
- 3. My practical training opportunity is directly related to my major area of study;
- 4. I understand that I must report to the A/RO any changes to my personal or employment information within 10 calendar days of occurrence;
- 5. I understand that my internship/training will take place only at the organization listed on this Plan and that working at another organization while on the Exchange Visitor Program is prohibited;
- 6. 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; and
- 7. I understand that self-employment is not permitted: I must have a bona fide employee-employer relationship for the duration of this training.

Signature of Student: _____

Printed Name of Student: _____ Date: _____

SECTION 7: SPONSOR CERTIFICATION (Completed by Purdue University A/RO)

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. I understand that 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.

I certify that:

- 1. I affirm that this student is primarily in the US to study rather than engage in Academic Training. Furthermore, as an agent of Purdue University, I affirm this student is in good standing and the training is directly related to their major field of study at Purdue University.
- 2. I have determined that this Academic Training request consists of bona fide training activities that are connected to a substantial academic framework and are designed to expose the student to operations in their major field of study.
- 3. I have evaluated the effectiveness and appropriateness of this academic training plan in achieving the stated goals and objectives to ensure the quality of the academic training program. Furthermore, this office will review later evaluations of this training for the same purpose.
- 4. I will notify the Department of State if I receive information regarding a serious problem or controversy involving the student named in this Plan that could be expected to bring the Department of State, the Exchange Visitor Program, or our own exchange visitor program into notoriety or disrepute.

Signature of A/RO: _____

Printed Name of A/RO: _____ Date: _____

(INTERNAL USE ONLY) RO

