

**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	
Chang Injae			cluelin@gmail.com	
Program Sponsor		Program Category		
Intrax Internship Program		Intern		
Occupational Category	Current Field of Study/Profession		Experience in Field (number of years)	
Engineering	Computer Engineering		N/A	
Type of Degree or Certificate	Date Awarded (mm-dd-yyyy) or Expected		Training/Internship Dates (mm-dd-yyyy)	
BA	02-28-2018		From 07-11-2016 To 07-10-2017	
SECTION 2: COMPENSATION				
Organization Name		Address		Suite
Seoyon E-Hwa Interior Systems Manufacturing, Inc		100 Jane Fryer Road		
City	State	ZIP Code	Website URL	
LaGrange	GA	30241	http://www.seoyoneh.com/ eng	
Employer ID Number (EIN)	Exchange Visitor Hours Per Week	Compensation Stipend <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much?		
45-5357534	40	Non-Monetary Compensation Value \$9.00 per hour		
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 so, Name of Carrier		Am Trust Insurance of Ka		
Number of FT Employees Onsite at Location	Annual Revenue			
250	<input type="checkbox"/> \$0 to \$3 Million <input type="checkbox"/> \$3 Million to \$10 Million <input type="checkbox"/> \$10 Million to \$25 Million <input checked="" type="checkbox"/> \$25 Million or More			
SECTION 3: CERTIFICATIONS				
Trainee/Intern - I certify that:				
<ol style="list-style-type: none">1. 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.2. 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.3. 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.4. I will contact the Sponsor at the earliest available opportunity regarding any concerns, changes in, or deviations from this T/IPP.5. I will respond in a timely way to all inquiries and monitoring activities of my sponsor.6. I will follow all of my sponsor's guidelines required for my participation in my program.7. 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; and8. 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 Chang, Injae			Date (mm-dd-yyyy) 05-02-2016	
Signature of Trainee/Intern				