



U.S. Department of State

## Training/Internship Placement Plan

\*OMB APPROVAL NO. 1405-0170  
EXPIRATION DATE: 1/31/2021  
ESTIMATED BURDEN: 1.5 HOURS

Exchange Visitor (surname/primary, given name)

Wei, Yixuan

Email Address: weiyx16@mails.tsinghua.edu.cn

Category: STUDENT INTERN

Occupational Category:

SEVIS ID: N0030489091

Program Sponsor: Harvard University

Program Number: P-1-00124

Training/Internship Dates: 07/01/2019 - 09/08/2019

### Additional Participant Details

Current Field of Study/Profession: Automation

Experience in Field: 0 years

Type of Degree or Certificate: Bachelor

Date Awarded or Expected: 07/31/2020

### Host Organization

Phases: 1

Host Organization Name: Harvard University - SEAS

Address: 33 OXFORD ST, CAMBRIDGE, MA 02138

Number of FT Employees: 18740

Onsite at Location:

Annual Revenue: \$25 Million or More

Website URL: http://vcg.seas.harvard.edu

Main Program: Hanspeter, Pfister

Supervisor/POC: An Wang Professor of Computer Science

pfister@seas.harvard.edu

Phone: 617-496-8269

Employer ID Number: 042103580

Worker's Comp Policy: Yes, Arch Insurance Group

Worker's Comp for Exchange Visitor: No, exempt

Exchange Visitor Hours per week: 40

Stipend: No

Non-Monetary Compensation

Value:

### 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.

Yixuan Wei 韦毅轩

Signature of Wei, Yixuan

Date: 04/20/2019  
mm/dd/yyyy

Exchange Visitor (surname/primary, given name)

Wei, Yixuan

SEVIS ID: N0030489091

**Sponsor**

1. I have reviewed, understand, and will ensure that the Supervisor (as set forth on page 3, section 4) follows this Training/Internship Placement Plan (T/IPP) regarding the Trainee or Intern listed above;
2. I will notify the designated U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) at the earliest available opportunity regarding any concerns about, changes in, or deviations from this Training/Internship Placement Plan (T/IPP), including, but not limited to, changes of Supervisor or host organization;
3. I will adhere to all applicable regulatory provisions that govern this program (see 22 CFR Part 62), including, 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 and mentoring by experienced and knowledgeable staff;
  - b. I have confirmed with the Supervisor or host organization representative that sufficient resources, plant, equipment, and trained personnel will 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 needed 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 of the requirements of the Fair Labor Standards Act, as amended (29 U.S.C. 201 et seq.). I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal 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.

Printed name of Responsible Officer or Alternate Responsible Officer

Colleen Griffin  
Student/Scholar Advisor

Signature of Responsible Officer or Alternate Responsible Officer

Date:

mm/dd/yyyy

Harvard University

Name of Sponsor Organization

P-1-00124

Program Number

**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.

**Paper Work 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-5, fifth Floor, U.S. Department of State, Washington, DC 20522.



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Exchange Visitor (surname/primary, given name)

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Email Address: [weiyx16@mails.tsinghua.edu.cn](mailto:weiyx16@mails.tsinghua.edu.cn)

Category: STUDENT INTERN

Occupational Category:

SEVIS ID: N0030489091

Program Sponsor: Harvard University

Program Number: P-1-00124

Training/Internship Dates: 07/01/2019 - 09/08/2019

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).

### Host Organization

Host Organization Name: Harvard University - SEAS

Address: 33 OXFORD ST, CAMBRIDGE, MA 02138

Phase Name: *Student Internship*

Phase 1 of 1

Training/Internship Field: Computer Science

Start Date: 07/01/2019

End Date: 09/08/2019

Supervisor: Hanspeter, Pfister

An Wang Professor of Computer Science

[pfister@seas.harvard.edu](mailto:pfister@seas.harvard.edu)

617-496-8269

#### Description of Trainee/Intern's role for this Program or Phase

Develop computation tools for 3D neuron reconstruction

#### Specific Goals and Objectives for this Program or Phase

Classify 3D segmentation of neurons into different types

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?

Donglai Wei, postdoc researcher, familiar with deep learning techniques

What plans are in place for the Trainee/Intern to participate in cultural activities while in the United States?

Walk the historic Freedom Trail, visit Museum of Science, as well as other cultural and social events.

What specific knowledge skills, or techniques will be learned?

deep learning, connectomics

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).

We will assign tasks with concrete input and output for the intern. We will help him debug step by step.

How will the Trainee/Intern's acquisition of new skills and competencies be measured?

First is the classification accuracy. Second is the report which will be later pushed for a publication in a top-tier conference.

Additional Phase Remarks

### Certifications

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;

Exchange Visitor (surname/primary, given name)

Wei, Yixuan

SEVIS ID: N0030489091

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.) I also certify that training or internships in the field of agriculture meet all requirements of the Migrant and Seasonal 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 Hanspeter, Pfister

Date: \_\_\_\_\_  
mm/dd/yyyy