



February 24, 2019

Shivam Pandey
Flat 112, Building 1A, Kalpataru Riverside CHSL, Opposite Panchmukhi Maruti
Old Mumbai-Pune Highway, Panvel
Navi Mumbai, Maharashtra, INDIA 410206

Dear Mr. Pandey:

We wish to extend you a warm welcome to Syracuse University on behalf of the Slutzker Center for International Services (SCIS). We are pleased to learn from the Department of Electrical Engineering and Computer Science that you are planning to come to Syracuse University as a Student Intern. Our office is responsible for providing orientation to all J-1 Exchange Visitors, advising on immigration issues related to your J status, and for keeping accurate records in the U.S. Government database ("SEVIS") system.

Enclosed please find the following materials:

- **Form DS-2019.** Please review the entire DS-2019 to ensure that all information is accurate. Verify that the program dates are correct (item 3) and that the name indicated in item 1 is the same as it appears on your/your dependent's passport. If all of the information is accurate, please sign the bottom of the document. If any of the information appears incorrect or if you will be unable to arrive by the date on the DS-2019 form, please contact the Slutzker Center immediately at lescis@syr.edu.
- **Training/Internship Placement Plan (Form DS-7002).** Please review and sign this form in the area marked "Trainee/Intern Signature" in the Certifications section on page 1. Please make a copy of the signed form and bring it with you to the U.S. You will need to present the original form to the U.S. Consulate when you apply for your visa (Note: Canadians do not require a visa, but may need to present this form at the border).
- **Exchange Visitor Program Welcome Brochure from the Department of State.**
- **SEVIS Fee Information.** The SEVIS Fee is required of all J-1s (even for Canadians). Please see the yellow sheet of paper included in this packet or go to <https://www.fmjfee.com/i901fee/>. See also, <https://www.fmjfee.com/i901fee/students/student/help.htm>.
- **Health Insurance Information.** Under federal regulation, you MUST have adequate health insurance to keep your J status in the U.S. You will be required to offer evidence of the health insurance coverage at our office before we can "register" your SEVIS record. Please read carefully the list of minimum requirements for health insurance coverage (see green paper). Additional information available <http://exchanges.state.gov/education/jexchanges/administration.htm#insurance>.

Slutzker Center for International Services

310 Walnut Place, Syracuse, New York 13244

T 315.443.2457 F 315.443.3091 international.syr.edu

- **Two-Year Home Residency Requirement Information.** You may be subject to a two-year home residency requirement as a result of your participation in the exchange visitor program and as a result of your stay in the U.S. For important information about this requirement, please see http://travel.state.gov/visa/temp/types/types_1267.html#12

OBTAINING YOUR J VISA:

- Your J-1 SEVIS Number is **N0030281415** and Syracuse University's Exchange Visitor Program Number is **P-1-00245**; you will need this information to set up your visa appointment and pay the SEVIS Fee.
- All J-1 exchange visitors, except Canadian citizens, must obtain a J-1 entry visa at a U.S. Consulate outside the United States. You will need to present your SEVIS fee receipt, DS-2019, DS-7002, passport, and financial documentation to the visa officer at the U.S. Consulate, as well as to the U.S. Immigration official upon entry to the U.S. Enclosed with this letter are the instructions and website information on the visa application process.

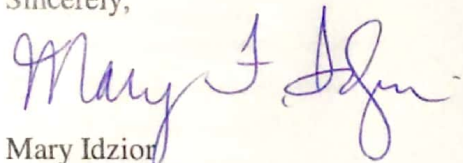
IMPORTANT – CHECK-IN WITH SCIS AFTER YOUR ARRIVAL:

- **All J-1 interns are required to report to the Slutzker Center within 30 days of the beginning date of the J program indicated on your DS-2019 in order to comply with the J-1 regulations. You must therefore schedule an intake appointment with Mary Idzior by calling 315-443-2457 or emailing midzior@syr.edu.** Please schedule an appointment either before you leave your home country or as soon as you arrive in the U.S. Please bring the following documents to your intake appointment: DS-2019, passport, I-94 card, visa (if necessary), copy of form DS-7002, social security card (if you have one), and proof of health insurance (if purchased already).

We strongly encourage you to utilize the Slutzker Center as a resource to help you maintain immigration status throughout the duration of your program/appointment; please note, however, that maintaining immigration status is ultimately your responsibility.

Please review the enclosed information. If you have any questions or anything appears to be missing, please contact our office immediately at lescis@syr.edu or at 315-443-2457.

Sincerely,



Mary Idzior
Associate Director

Enclosures

cc: Chilukuri Mohan, Electrical Engineering and Computer Science



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO 1405-0119
EXPIRES 10/31/2020
ESTIMATED BURDEN TIME 45 min
*See Page 2

1. Surname/Primary Name: PANDEY		Given Name: Shivam		Gender: MALE	N0030281415
Date of Birth (mm-dd-yyyy): 09-18-1997		City of Birth: Ghaziabad	Country of Birth: INDIA	Citizenship Country Code: IN	Citizenship Country: INDIA
Legal Permanent Residence Country Code: IN		Legal Permanent Residence Country: INDIA		Position Code: 215	Position: UNIVERSITY UNDERGRADUATE STUDENTS
Primary Site of Activity: Syracuse University 206 CENTER FOR SCIENCE TECHNOLOGY Department of Electrical Engineering & Computer Science SYRACUSE, NY 13244-0001					
2. Program Sponsor: Syracuse University					Program Number: P-1-00245
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period: From (mm-dd-yyyy): 05-13-2019 To (mm-dd-yyyy): 07-03-2019		4. Exchange Visitor Category: STUDENT INTERN Subject/Field Code: 14.1001 Subject/Field Code Remarks: Student Intern in the Department of Electrical Engineering and Computer Science			
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Father: Capt. Santosh Pandey : \$2,400.00 Total : \$2,400.00					
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.		7. Mary Idzior Name of Official Preparing Form Slutzker Center for International Services 310 Walnut Place Syracuse, NY 13244 Address of Responsible Officer or Alternate Responsible Officer <i>Mary Idzior</i> Signature of Responsible Officer or Alternate Responsible Officer		Responsible Officer Title 315-443-2457 Telephone Number 02-24-2019 Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.					
Signature of Responsible Officer or Alternate Responsible Officer			Date (mm-dd-yyyy) of Signature		
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). The Exchange Visitor in the above program: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____ THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (c).			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*) *EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel (1) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer		
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. Signature of Applicant _____ Place _____ Date (mm-dd-yyyy) _____					

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consular or Immigration Official.

1. I understand that the following conditions are applicable to exchange visitors:

(a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for 2 years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill that is in short supply in their home country (these skills appear on the "Exchange Visitor Skills List") they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) Extension of Stay/Program Transfers: A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) Limitation of Stay: **STUDENTS** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **TEACHERS** - 3 years; **PROFESSORS** and **RESEARCH SCHOLARS** - 5 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR** - up to 4 months; **SUMMER WORK/TRAVEL** - up to 4 months; **AU PAIR** - 1 year; **INTERN** - up to 12 months. For details, see 22 CFR Part 62.

(d) Documentation Required for Admission/Readmission as an Exchange Visitor: To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS-2019 which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (e.g., obtain a new visa) under duration of the program as indicated by the dates on this form (see item 3 on page 1 of this form).

(e) Change of Visa Status: Exchange visitors (and their spouses and dependents) are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government(A) or an international organization(G) or member of the family or attendant of either of these types of officials or employees.

(f) Insurance: Exchange visitors are required to have medical insurance in effect of themselves for the duration of their exchange program, and for accompanying spouse and dependents while they are in United States during the exchange visitor's program. Exchange visitors are required to have: (1) medical benefits of at least \$100,000 per accident or illness; (2) repatriation of remains in the amount of U.S.\$25,000; and (3) expenses associated with medical evacuation in the amount of U.S. \$50,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer or Alternate Responsible Officer (see item 7 on page 1 of this form).

2. **EXCHANGE VISITOR (J-NON-IMMIGRANT) CERTIFICATION:** I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify under penalty of perjury for violating U.S. laws (18 U.S. Code §1621 - Perjury generally); or (18 U.S. Code §1001 - False Statement) that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing an exchange program facilitated by the designated sponsor named above, or for an accompanying spouse and dependent(s). I also authorize the named sponsor to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my non-immigrant status. I agree that I will maintain compliance with insurance regulations as specified in 22 CFR 62.14 for myself for the duration of my exchange program and for my J-2 spouse and dependents while they are present in the United States during my exchange program. For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize U.S. Department of State designated sponsors and any educational institution named on Form DS-2019 to release information to the Department of State relating to compliance with the Exchange Visitor Program regulations. Signatures: The J-1 exchange visitor should sign the J-1 form under Signature of Applicant. The J-2 spouse or dependent should sign the J-2 form under Signature of Applicant. Parent or guardian must sign the J-1 form if exchange visitor is under 16. Parent or guardian must sign the J-2 form if accompanying minor is under 16.

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer or Alternate Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

* EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

PAPERWORK REDUCTION ACT STATEMENT: Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor and by the U.S. Department of State for exchange visitor program administration purposes. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (Embassy) to secure an exchange visitor (J-1, J-2) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond, to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, ECA/EC, Washington, D.C. 20522-0505.

CONFIDENTIALITY STATEMENT: INA Section 222 (f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.



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)

PANDEY, Shivam

Email Address: pshivam97@gmail.com

Category: STUDENT INTERN

Occupational Category:

SEVIS ID: N0030281415

Program Sponsor: Syracuse University

Program Number: P-1-00245

Training/Internship Dates: 05/13/2019 - 07/03/2019

Additional Participant Details

Current Field of Study/Profession: Computer Science and Engineering
Experience in Field: 0 years

Type of Degree or Certificate: Bachelors

Date Awarded or Expected: 08/31/2020

Phases: 1

Host Organization

Host Organization Name: Syracuse University

Address: 206 CENTER FOR SCIENCE
TECHNOLOGY, SYRACUSE, NY 13244

Number of FT Employees: 3279

Onsite at Location:

Annual Revenue: \$25 Million or More

Website URL: www.syr.edu

Main Program: Mohan, Chilukuri K.

Supervisor/POC: Professor
mohan@syr.edu
Phone: 315-443-2322
Fax: 315-442-2583

Employer ID Number: 150532081

Worker's Comp Policy: Yes, Aetna

Worker's Comp for Exchange Visitor: No, exempt

Exchange Visitor Hours per week: 40

Stipend: No

Non-Monetary Compensation Value:

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.

Signature of PANDEY, Shivam

Date:

mm/dd/yyyy

Exchange Visitor (surname/primary, given name)

PANDEY, Shivam

SEVIS ID: N0030281415

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.

Mary Idzior, Associate Director,

Printed name of Responsible Officer or Alternate Responsible Officer

Mary Idzior

Signature of Responsible Officer or Alternate Responsible Officer

Date:

mm/dd/yyyy

2/24/2019

Syracuse University

Name of Sponsor Organization

P-1-00245

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.



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)

PANDEY, Shivam

Email Address: pshivam97@gmail.com

Category: STUDENT INTERN

Occupational Category:

SEVIS ID: N0030281415

Program Sponsor: Syracuse University

Program Number: P-1-00245

Training/Internship Dates: 05/13/2019 - 07/03/2019

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: Syracuse University

Address: 206 CENTER FOR SCIENCE TECHNOLOGY,
SYRACUSE, NY 13244

Phase Name: *Internship*

Phase 1 of 1

Training/Internship Field: Computer Science

Start Date: 05/13/2019

End Date: 07/03/2019

Supervisor: Mohan, Chilukuri
Professor
mohan@syr.edu
315-443-2322

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

The intern will study research papers, develop algorithms, implement algorithms, test algorithms, analyze results and write a research paper.

Specific Goals and Objectives for this Program or Phase

Conduct research on constrained multi-objective evolutionary algorithms.

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?

Professor Chilukuri K. Mohan will provide daily supervision of the Intern. Professor Mohan has a Ph.D. in Computer Science from the State University of New York at Stony Brook and has been a faculty member at Syracuse University since 1988 where he has also served as Department Chair and Interim Dean. He has authored three books and over two hundred research papers, many of which have been in the research area of Neural Networks and Evolutionary Algorithms. He has supervised several summer research interns over the past thirty years, most of whom have gone on to graduate studies at prestigious institutions.

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

The Intern will be encouraged to participate in any and all cultural activity offerings at the University and in the community.

What specific knowledge skills, or techniques will be learned?

The Intern will learn research methods and their application, particularly in the research area of evolutionary algorithms. These include developing analytical skills, creating new algorithms, writing computer programs, and writing publishable research papers.

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).

Frequent research meetings with the supervisor. Evaluation of algorithms, programs and research reports by the supervisor.

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

A peer-reviewed research paper will be expected as the output of the work done in the summer, publishable in a reputable conference or a journal.

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;
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.

Chilukuri K. Mohan

Signature of Mohan, Chilukuri

Date:

mm/dd/yyyy

2/25/2019