

J-I PROFESSIONAL EXCHANGE PROGRAMS FEE DISCLOSURE

Applicant Last Name: First Name: Middle Name:

Fee		Amount (Please specify currency:)	Inclusions
Program fee	Graduate Internship USA 1 month: 2 months: 3 months: 4 months: 5 months: 6 months: 7 months: 8 months: 9 months: 10 months: 11 months: 12 months: 13 months: 14 months:			 Application fee Agent support pre-departure U.S. Sponsor support Orientation Insurance Plan (for policy details visit www.ciee.org/insurance) Screening for program Administrative costs

- U.S. government administrative cost
- U.S. government administrative cost
- Discount
- All costs related to finding a placement
- Expedited forms and/or application review
 Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)
- This is the typical cost – actual price will depend on location
 This is the typical cost – actual price will depend on location

ciee.org 1-888-369-1620 trainees@ciee.org Updated 10-25-2018



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Applicant Last Name:	First Name:	Middle Name:
FEE DISCLOSURE (Continued)		
Cancellation and refund policy:		
Other program costs and pricing n	otes:	
PARTICIPANT FEE AGREEMENT		
conditions for the program. I confirm t	that I have reviewed the complete undable deposit. I understand that	eer Training USA application, which includes the full terms and pricing information in this document and fully understood the costs stipends might not cover the entirety of program and living expenses
Except as specifically modified herein, force and effect.	the terms of the CIEE Internship U	SA & Career Training USA application I previously signed remain in full
Name Printed:		
Signature:	Dat	e (MM/DD/YYYY):

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