



J-1 PROFESSIONAL EXCHANGE PROGRAMS  
**FEE DISCLOSURE**

Applicant Last Name:

First Name:

Middle Name:

**FEE DISCLOSURE** (fees that will be collected by the CIEE International Representative, CIEE or the U.S. Government)

<b>Fee</b>	<b>Amount</b> (Please specify currency: )	<b>Inclusions</b>
<b>Program fee</b> 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: _____		<ul style="list-style-type: none"> <li>- Application fee</li> <li>- Agent support pre-departure</li> <li>- U.S. Sponsor support</li> <li>- Orientation</li> <li>- Insurance Plan (for policy details visit <a href="http://www.ciee.org/insurance">www.ciee.org/insurance</a>)</li> <li>- Screening for program</li> <li>- Administrative costs</li> </ul>
<b>SEVIS fee</b>		- U.S. government administrative cost
<b>Visa interview fee</b>		- U.S. government administrative cost
<b>Promotion</b>		- Discount
<b>Placement fee</b>		- All costs related to finding a placement
<b>Expedite fee</b>		- Expedited forms and/or application review
<b>Other services</b>		
<b>Total fees</b> (excluding airfare, housing, & transportation)		
<b>Flight</b> (estimated cost)		- Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)
<b>Housing fee</b>		- This is the typical cost – actual price will depend on location
<b>Transportation fee</b>		- This is the typical cost – actual price will depend on location



J-1 PROFESSIONAL EXCHANGE PROGRAMS  
**FEE DISCLOSURE**

Applicant Last Name:

First Name:

Middle Name:

**FEE DISCLOSURE** (Continued)

**Cancellation and refund policy:**

**Other program costs and pricing notes:**

**PARTICIPANT FEE AGREEMENT**

I verify that I was provided with a copy of the CIEE Internship USA & Career Training USA application, which includes the full terms and conditions for the program. I confirm that I have reviewed the complete pricing information in this document and fully understood the costs of the program before I paid a non-refundable deposit. I understand that stipends might not cover the entirety of program and living expenses and that I should have access to additional personal funds.

Except as specifically modified herein, the terms of the CIEE Internship USA & Career Training USA application I previously signed remain in full force and effect.

Name Printed:

Signature:

Date (MM/DD/YYYY):