



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)

Fee	Amount (Please specify currency: _____)	Inclusions																																										
Program fee	<table border="0"> <tr> <td>Internship USA</td> <td>Career Training USA</td> </tr> <tr> <td>1 month: _____</td> <td>1 month: _____</td> </tr> <tr> <td>2 months: _____</td> <td>2 months: _____</td> </tr> <tr> <td>3 months: _____</td> <td>3 months: _____</td> </tr> <tr> <td>4 months: _____</td> <td>4 months: _____</td> </tr> <tr> <td>5 months: _____</td> <td>5 months: _____</td> </tr> <tr> <td>6 months: _____</td> <td>6 months: _____</td> </tr> <tr> <td>7 months: _____</td> <td>7 months: _____</td> </tr> <tr> <td>8 months: _____</td> <td>8 months: _____</td> </tr> <tr> <td>9 months: _____</td> <td>9 months: _____</td> </tr> <tr> <td>10 months: _____</td> <td>10 months: _____</td> </tr> <tr> <td>11 months: _____</td> <td>11 months: _____</td> </tr> <tr> <td>12 months: _____</td> <td>12 months: _____</td> </tr> <tr> <td>13 months: _____</td> <td>13 months: _____</td> </tr> <tr> <td>14 months: _____</td> <td>14 months: _____</td> </tr> <tr> <td></td> <td>15 months: _____</td> </tr> <tr> <td></td> <td>16 months: _____</td> </tr> <tr> <td></td> <td>17 months: _____</td> </tr> <tr> <td></td> <td>18 months: _____</td> </tr> <tr> <td></td> <td>19 months: _____</td> </tr> <tr> <td></td> <td>20 months: _____</td> </tr> </table>	Internship USA	Career Training USA	1 month: _____	1 month: _____	2 months: _____	2 months: _____	3 months: _____	3 months: _____	4 months: _____	4 months: _____	5 months: _____	5 months: _____	6 months: _____	6 months: _____	7 months: _____	7 months: _____	8 months: _____	8 months: _____	9 months: _____	9 months: _____	10 months: _____	10 months: _____	11 months: _____	11 months: _____	12 months: _____	12 months: _____	13 months: _____	13 months: _____	14 months: _____	14 months: _____		15 months: _____		16 months: _____		17 months: _____		18 months: _____		19 months: _____		20 months: _____	<ul style="list-style-type: none"> - Application fee - CIEE support pre-departure - CIEE in-country support - Orientation - Insurance Plan (for policy details visit www.ciee.org/insurance) - Screening for program - Administrative costs
Internship USA	Career Training USA																																											
1 month: _____	1 month: _____																																											
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SEVIS fee		- U.S. government administrative cost																																										
Visa interview fee		- U.S. government administrative cost																																										
Promotion																																												
Placement Fee																																												
Expedite fee		- Expedited forms and/or application review																																										
Other services																																												
Total fees (excluding airfare, housing, & transportation)																																												
Flight (estimated cost)		- Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)																																										
Housing fee		- This is the typical cost – actual price will depend on location																																										
Transportation fee		- This is the typical cost – actual price will depend on location																																										

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): _____