

Dear Participant,

Thank you for your interest in extending your training with your U.S. Host Organization. We are delighted that you are considering extending your program with CIEE.

Your application for a program extension will be processed by your home country CIEE representative, not by CIEE in the United States. Please be sure to send your completed application to your home country CIEE representative.

To complete your application for a program extension, your CIEE representative will need to receive the following:

- **Application for Program Extension**, along with supporting documents as listed in the checklist below
- **DS-7002 Training/Internship Placement Plan – Extension Application Version**, to be completed by your Host Organization

You should apply for a program extension well in advance of your original training end date. Applying too close to your end date could mean that your application is not approved in time and you will need to return home. Speak to your CIEE representative to find out about required processing times for your application.

Before you complete this application, please remember that extensions are intended to give you the opportunity to gain new and different skills from your current training. You and your Host Organization should discuss what those new skills will be and be prepared to share that information with CIEE.

Once you have submitted your application, CIEE will review your information and the new DS-7002. We will contact your Host Organization with any additional questions and then inform you of our decision. Any questions or concerns you may have during this process should be directed to the CIEE representative in your home country.

We look forward to receiving your application. In the meantime, we wish you the best of success with your training.

Sincerely,

CIEE
Internship USA
Professional Career Training USA

APPLICATION CHECKLIST (Application is not complete without each of the following)

- | |
|---|
| <input type="checkbox"/> Copy of current DS-2019 Form |
| <input type="checkbox"/> Copy of J-1 Visa |
| <input type="checkbox"/> Copy of valid passport |
| <input type="checkbox"/> Copy of original DS-7002 Training/Internship Placement Plan |
| <input type="checkbox"/> Application for Program Extension (page 2 of this document) |
| <input type="checkbox"/> Academic Endorsement for Extension (current students only – see page 2 of this document) |
| <input type="checkbox"/> Applicant Declaration for Extension of Program (see page 2 of this document) |
| <input type="checkbox"/> New DS-7002 Training/Internship Placement Plan – Extension Version |

PROGRAM / APPLICANT INFORMATION

Last Name:	Middle Name:
First Name:	
Which program are you participating in?:	
<input type="checkbox"/> Internship USA	<input type="checkbox"/> Professional Career Training USA
Passport Expiration Date (dd/mm/yyyy):	
Passport Number:	
Applicant DS-2019 Number:	

APPLICANT SECTION

Original DS-2019 Start Date (dd/mm/yyyy):	
Original DS-2019 End Date (dd/mm/yyyy):	
Extension DS-2019 Start Date (dd/mm/yyyy):	Must be the day following the original program DS-2019 end date as listed above.
Extension DS-2019 End Date (dd/mm/yyyy):	
Date of Return to Home Country (dd/mm/yyyy):	Must be no more than 30 days after Extension DS-2019 end date as listed above.

ACADEMIC ENDORSEMENT AND PROOF OF STUDENT STATUS (For current students ONLY)

This section must be completed by an Academic Advisor, Placement Officer, Counselor, or Department Head from your academic institution. If your academic institution will not sign the form, you must attach a letter verifying the same information.

Note to Academic Representative: Please complete in English and do not use abbreviations.

Name:
Title:
Telephone:
Email:
Name of Academic Institution:
Website:
I certify that _____ may extend his/her Internship program for an additional _____ months.
His/her academic coursework will resume on _____ (dd/mm/yyyy).
Signature:
Academic emblem or seal:

*If the Intern has graduated since the original program start, please attach a copy of the diploma.

APPLICANT DECLARATION FOR EXTENSION OF PROGRAM

I certify that additional time is necessary in order to fully maximize my professional training in the U.S. I understand that all of the declarations and statements that I made on my original application continue to be in effect during the extension phase of my Internship/ Training program.

Signature of Applicant:	Date:
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