

Applicant First Name:

Applicant Last Name:

Dear Applicant,

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 [Parenthese](#), not by CIEE in the United States. Please be sure to send your completed application to Parenthese.

To complete your application for a program extension, Parenthese 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 at least six weeks before 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 Parenthese 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 Parenthese.

We look forward to receiving your application. In the meantime, we wish you the best of success with your training and your overall experience here in the U.S.

Sincerely,

Ilona Wentworth  
Director  
J-1 Professional Exchange Programs



Applicant First Name:

Applicant Last Name:

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

- Copy of current DS-2019 Form
- Copy of J-1 Visa
- Copy of valid passport
- Application for Program Extension (page 3-6 of this document)
- Academic Endorsement for Extension (current students only - see page 6 of this document)
- Applicant Declaration for Extension of Program (see page 6 of this document)
- Fee Disclosure Form
- New DS-7002 Training/Internship Placement Plan – Extension Version (to be completed through the CIEE Exchange Programs Online portal)



INTERNSHIP USA/CAREER TRAINING USA  
APPLICATION FOR PROGRAM EXTENSION



Applicant First Name:

Applicant Last Name:

PROGRAM/APPLICANT INFORMATION

Last Name:

Middle Name:

First Name:

Which program are you participating in?:  Internship USA  Career Training USA

Passport Expiration Date (mm/dd/yyyy):

Passport Number:

DS-2019 Number:

APPLICANT SECTION

Original DS-2019 Start Date (mm/dd/yyyy):

Original DS-2019 End Date (mm/dd/yyyy):

Extension DS-2019 Start Date (mm/dd/yyyy): Must be the day following the original program DS-2019 end date as listed above.

Extension DS-2019 End Date (mm/dd/yyyy):

Date of Return to Home Country (mm/dd/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 signed letter on the academic institution's letterhead 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 \_\_\_\_\_ (mm/dd/yyyy).

Signature:

Academic emblem or seal:

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



INTERNSHIP USA/CAREER TRAINING USA  
**APPLICATION FOR PROGRAM EXTENSION**



Applicant First Name: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_

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

Fee	Amount (Please specify currency: _____ )	Inclusions																																										
<b>Program fee</b>	<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"> <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>
Internship USA	Career Training USA																																											
1 month: _____	1 month: _____																																											
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<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																																										



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**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):



Applicant First Name:

Applicant Last Name:

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1. What have you learned from this training experience so far both, professionally and culturally?

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2. What new skills do you hope to obtain during the extension period that you did not develop during the original training period?

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3. What new cultural experiences do you hope to have during the extension period?

### 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:

Printed name