



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: EUR (€) )	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"> <li>- Application fee</li> <li>- CIEE support pre-departure</li> <li>- CIEE in-country 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> <li>- SEVIS Fee</li> </ul>
Internship USA	Career Training USA																																											
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SEVIS fee	<b>200 EUR (incl. above)</b>	- U.S. government administrative cost																																										
Visa interview fee	<b>185 USD (not included)</b>	- U.S. government administrative cost																																										
Promotion	<b>N/A</b>																																											
Placement Fee	<b>N/A</b>																																											
Expedite fee	<b>1,270 EUR (Optional)</b>	- Expedited forms and/or application review																																										
Other services	<b>N/A</b>																																											
Total fees (excluding airfare, housing, & transportation)	<b>N/A</b>																																											
Flight (estimated cost)	<b>N/A</b>	- Round-trip airfare (this is the typical cost – actual price will depend on destination and dates selected)																																										
Housing fee	<b>N/A</b>	- This is the typical cost – actual price will depend on location																																										
Transportation fee	<b>N/A</b>	- 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): \_\_\_\_\_