# APPLICATION FOR PROGRAM EXTENSION

Appi	cant First Name: Applicant Last Name:	
AP	PLICATION CHECKLIST (Application is not complete without each of the following)	
	Copy of valid passport (on your Beacon application)	
	Application for Program Extension (see page 2–5 of this document)	
	Academic Endorsement for Extension (current students only - see page 5 of this document)	
	Applicant Declaration for Extension of Program (see page 5 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)	

ciee.org Updated 06-4-2024 1 of 5

Applicant First Name:

### APPLICATION FOR PROGRAM EXTENSION

Applicant Last Name:

PROGRAM/APPLICANT INFORM	MATION	
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:		
New Proposed Training Plan End Date: (mm/dd	d/yyyy):	
Date of Return to Home Country (mm/dd/yyyy):	Must be no more than 30 days after the Ne Proposed Training Plan End Date as listed above.	ew
ACADEMIC ENDORSEMENT AND	ID DDOOF OF STUDENT STATUS	
Current students must verify with their acaden include updated proof of enrollment or a le Alternatively, you can ask an Academic Adviso form below.	emic institution that they can extend their J-1 program. Plea letter from your university with your extension application or or Department Head from your university to complete t	on.
Note to Academic Representative: Please comp	plete in English and do not use abbreviations.	
Name:		
Title:		
Telephone:		
Email:		
Name of Academic Institution:		
Website:		
I certify that may extend his	is/her Internship program for an additionalmonths	5.
His/her academic coursework will resume on _	(mm/dd/yyyy).	
Signature:		
Academic emblem or seal:		

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

ciee.org Updated 06-4-2024 2 of 5



# Internship USA Career Training USA

# APPLICATION FOR PROGRAM EXTENSION

Applicant First Name: Applicant Last Name:

Fee		<b>Amount</b> (Please specify currency:	Inclusions
Program fee	Internship USA	Career Training USA	- Application fee
	1 month:	1 month:	- Agent support pre-departure
	2 months:	2 months:	- U.S. Sponsor support
	3 months:	3 months:	- Orientation
	4 months:	—— 4 months:	- Insurance Plan (for policy details visi
	5 months:	5 months:	www.ciee.org/insurance)
	6 months:	6 months:	- Screening for program
	7 months:	7 months:	- Administrative costs
	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:	
SEVIS fee			- U.S. government administrative cost
Visa interview	/ fee		- U.S. government administrative cost
Promotion Placement fee			- Discount
Expedite fee			- All costs related to finding a placement
Other service:	s		- Expedited forms and/or application revie
Total fees (exclu	uding airfare, housing, & transpor	tation)	
Flight (estimated	cost)		<ul> <li>Round-trip airfare (this is the typical cost actual price will depend on destination and dates selected)</li> </ul>
Housing fee			- This is the typical cost – actual price will
			depend on location
Transportatio	n fee		- This is the typical cost – actual price will
			depend on location

ciee.org Updated 06-4-2024 3 of 5

### APPLICATION FOR PROGRAM EXTENSION

Applicant First Name:	Applicant Last Name:
FEE DISCLOSURE (CONTINUED	D)
Cancellation and refund policy:	
Other program costs and pricing notes:	
PARTICIPANT FEE AGREEMEN	Т
USA application, which includes the full to reviewed the complete pricing information program before I paid a non-refundable of	the CIEE Internship USA & Professional Career Training erms and conditions for the program. I confirm that I have on in this document and fully understood the costs of the deposit. I understand that stipends might not cover the and that I should have access to additional personal funds.
Except as specifically modified herein, the application I previously signed remain in t	e terms of the CIEE Internship USA & Career Training USA full force and effect.
Name Printed:	
Signature:	Date (MM/DD/YYYY):

ciee.org Updated 06-4-2024 4 of 5

### APPLICATION FOR PROGRAM EXTENSION

Applicant First Name:	Applicant Last Name:
1. What have you learned from this training exp	perience so far both, professionally and culturally?
2. What new skills do you hope to obtain during during the original training period?	g the extension period that you did not develop
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 full that all of the declarations and statements that I made the extension phase of my Internship/Training prograr	ly maximize my professional training in the U.S. I understand on my original application continue to be in effect during m.
Signature of Applicant:	Date:
Printed name:	

ciee.org Updated 06-4-2024 5 of 5