

J-1 Intern/Trainee Exchange Program

PROGRAM FEES

Agency Name: _____

Applicant Last Name: _____

Applicant First Name: _____

| Fees to be collected | Amount | Inclusions |
|---|-------------------|-------------------------|
| Program Fee | | - Application Fee |
| <u>Intern</u> | | - Pre-departure support |
| Up to 12 months: | | - In country support |
| | | - Orientation |
| <u>Trainee</u> | | - Insurance |
| Up to 12 months: | | - Screening for program |
| 13–18 months: | | - Administrative costs |
| <hr/> | | |
| SEVIS Fee (<i>USCIS administrative cost</i>) | | |
| <hr/> | | |
| Visa Interview Fee (<i>USCIS administrative cost</i>) | | |
| <hr/> | | |
| Placement Fee | | |
| <hr/> | | |
| Other services | | |
| <hr/> | | |
| Total fees | Specify currency: | |
| <hr/> | | |

Cancellation and refund policy:

Other program costs and pricing notes:

PARTICIPANT AGREEMENT

I confirm that I have received and reviewed the pricing information and break down in this agreement. I verify that I fully understood the program costs before making payment for the J-1 program through Pan Atlantic Exchanges and understand the cancellation and refund policies.

Name printed:

Signature:

Date (MM/DD/YYYY):