



J-1 Visa Exchange Programs

Student Application - Reserved

You are eligible for this program if you are:

- Currently enrolled full-time in a post-secondary institution
- Coming during your college/university's summer break
- Are returning to your university at the end of this summer program

Guidelines for completing application:

- Application should be typed or printed clearly
- Application must be signed and dated

Please attach the following:

- Resume and cover letter explaining your interest in coming to the United States
- A letter of reference in English
- Copy of your current and valid passport
- Letter from post-secondary institution stating that you are currently enrolled full-time, are coming on your summer break, and plan to return to university after the program
- Fee Payment form

Name

(as it appears on passport)

Mr. Ms.

Surname (family name)

Date of Application

First Name

Other Name(s) (as on passport)

Biographical Information

Gender: Male Female

Marital Status: Single Married

City of Birth

Country of Birth

Date of Birth
(MM/DD/YYYY)

Country of Citizenship

Country of Permanent Legal Residence

Permanent Address

Street Address

City

Country

Postal Code

Telephone (country code)(city code)phone number

Mobile

E-mail

Current Address

University Name:

Major:

Street Address (no P.O. boxes)

City

Country

Postal Code

Expected Month and Year of Graduation

Dates for Summer Break

Visa Information

- At which U.S. Embassy/Consulate will you apply for the J-1 visa? _____
- Have you previously visited the United States on a J-1 visa? Yes No
If yes, please provide:

_____ to _____
Date of entry to U.S. Date of exit from U.S.

Name of Sponsor(s) Purpose of Visit

- Are you currently in, or have you in the last 12 months visited, the U.S.? Yes No
If yes, please complete:

Type of Visa Held Purpose of Visit

Date of Entry (month/day/year)

Expiration date of I-94 form (month/day/year) Date you actually exited the United States (month/day/year)

(If you are currently in the United States, you must attach a PHOTOCOPY of your I-94 form, both front and back, usually located in your passport. Do not send the original document.)

- Have you ever been refused a visa to the United States? Yes No
If yes, provide the following information:

Type of Visa Date of Refusal (month/day/year)

Reason for Refusal

- Have you ever overstayed the approved time on a visa or tourist waiver status during a trip to the United States? Yes No
If yes, please explain on a separate piece of paper.

Passport Information

Passport Number Expiration of Passport

Country of Issue Date of Issue

Emergency Contact Information

(this cannot be the host employer or someone in the USA)

Full Name Relationship to You

Street Address

City Country Postal Code

E-mail Telephone (country code)(city code)phone number

Program Position Information

List Your Expected Dates of Program:

_____ to _____
 Start Date (month/day/year) End Date (month/day/year)

Prospective Host Employer/Organization in the U.S.

Mr. Ms.

Mrs. Dr. _____
 Name of Contact Person Title

Street Address

City State Postal Code

Telephone Fax E-mail

Referral Information

• How did you learn of this position in the United States? _____

• How did you learn about AIPT?

Host Organization Participant IAESTE Network AIPT Web Site Other Web Site

Attorney: _____
 Name Phone or E-mail

Other: _____
 Please Explain

Program Terms and Conditions

If you have any questions about these program conditions or other program details, it is important you contact AIPT. AIPT Experience USA® is a program of AIPT.

Read and check each statement below to indicate agreement. Please also sign and complete below before sending the application to AIPT.

As an exchange visitor under AIPT sponsorship, I hereby agree to the following program terms and conditions:

- Program fee is due upon submission of the application
- Any attempt to secure AIPT's sponsorship by fraudulent means will result in withdrawal of sponsorship. Refund to student varies in this event.
- Student releases AIPT to use any photographs, electronic or otherwise, and written statements for AIPT's published advertising and other marketing purposes.
- Re-issue of documents costs \$100.00 USD
- I recognize that AIPT is my legal sponsor while I am in the United States as a J-1 participant. I acknowledge that AIPT must approve in advance any changes in the program, such as a change in work site location, program dates, or an early end to the program.
- I agree to provide AIPT with my date of entry to the United States, an established local U.S. address and phone number within 10 days of arrival, as well as all AIPT forms and evaluations. During my stay in the United States, I will notify AIPT of any changes in my current address within 10 days of the change. **U.S. government regulations** stipulate that failure to do so will result in the automatic cancellation of my J-1 visa.
- I understand that the time allowed for practical training is limited to a maximum of four (4) months, and that my Certificate of Eligibility will reflect the dates of my training. I realize that I will have 30 days beyond the end date given on the Certificate of Eligibility to conclude my affairs and travel in the United States, and that I will then be expected to exit the United States.
- I understand that use of the Certificate of Eligibility provided by AIPT confirms acceptance of all terms and conditions outlined in the program.
- I certify that I will comply with laws, regulations and/or instructions of appropriate government agencies in the United States.
- I understand that in the case of a visa denial by a U.S. Consulate, a refund of the program fee, less SEVIS fee, application fee, and \$100.00 processing fee is due once the Certificate of Eligibility is returned to AIPT. If the Certificate of Eligibility is not returned to AIPT, then AIPT reserves the right to withhold additional funds or refuse a refund request. All refund requests must be received by AIPT within 60 days of program start date.
- I have read the entire arbitration agreement statement and my signature on this application verifies my agreement to this provision:
The Parties [person or entity named in this application] agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between them. Read the entire arbitration agreement on our website at <http://www.aipt.org/programs/legal-and-evaluation/Arbitration-Agreement.html> or request a copy be sent to you by contacting us at 410.997.2200.

Signature: _____ Date: _____

Note: Signature is required to process application. If you have any questions about the above-stated program conditions or other program details, it is important you contact AIPT.

City: _____ Country: _____

Please review the checklist on page one to ensure that your application is complete. Attach checklist on top of this completed application and submit to AIPT at:

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U.S.A.

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