

**U.S. DEPARTMENT OF STATE
J-1 EXCHANGE VISITOR PROGRAM DESIGNATION PAYMENT FEE**

Organization Name: _____

Contact Person Name: _____

Contact Person Phone Number: _____

Address: _____

City: _____

State: Zip Code: _____

Exchange Visitor Program Category Applying for:

Government and Academic Programs

Private Sector Programs

<input type="checkbox"/> College/University Students
<input type="checkbox"/> Professor
<input type="checkbox"/> Research Scholar
<input type="checkbox"/> Short-term Scholar
<input type="checkbox"/> Specialist
<input type="checkbox"/> Government Visitor
<input type="checkbox"/> International Visitor

<input type="radio"/> Au Pair
<input type="radio"/> Camp Counselor
<input type="radio"/> High School Student
<input type="radio"/> Summer Work/Travel
<input type="radio"/> Teacher
<input type="radio"/> Trainee
<input type="radio"/> Intern

Date of SEVIS Submission: _____ (mm/dd/yyyy)

Program Designation Application Payment: **\$ \$1,748.00**

Payment Method:

ACH Credit Card

I agree that this fee, once submitted, is not refundable.

Submit Payment