

# International Practical Training Program

Please type or print neatly in black ink, and check (✓) box, where appropriate. ALL boxes must be completed. Incomplete applications will NOT be accepted.

<b>ATTACH PHOTO HERE (Smile!)</b> Photo should be no larger than the space provided here.	Family Name		First Name	Middle Initial	Date of Birth mm/dd/yy
	Present Street Address				Last Day at this address
	City	Postal code	Country	Telephone (city code/phone number)	
	Street Address (where documentation should be sent if different from above)				Last Day at this Address
	City	Postal code	Country	Telephone (city code/phone number)	
	MALE	SINGLE MARRIED		E-mail Address	
FEMALE					

Your City of Birth	Your country of Birth	Your Country of Legal Permanent Residency	Country Issuing Passport (Your Citizenship)
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English speaking emergency contact:			
Family Name	First Name	Telephone	Country

Educational institution attended or Presently attending :	Are you currently Full-time student? YES NO	Field studied or presently studying	Date started university mm/dd/yy
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Advance course work completed	Field(s) of Proposed training	Estimated or actual graduation date: mm/dd/yy
Computer program you are familiar with	Languages: FLUENT FAIR POOR English _____ FLUENT FAIR POOR _____	FLUENT FAIR POOR _____

Current position in country of permanent residency: (If employed, write the name, address, and telephone number of your employer, and the name of your supervisor)
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Do you hold a driver's license? YES NO	Have you ever been in the USA? YES NO	If yes, when? On what visa did you enter the US? (Name program/sponsor)	Other travels made
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Requested arrival date in USA: (mm/dd/yy)	Requested start date for training: (mm/dd/yy)	Requested length of training program: _____ months <i>(between 2-6 months for ISTC arranged placements, between 1-18 months for Self-Arranged placements.)</i>
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ISTC arranged placements are unpaid. Please confirm that if you are applying for a training program arranged by ISTC, that you will accept an unpaid position: YES NO
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Field(s) of interest for a training program arranged by ISTC (PLEASE CHECK (✓) ALL THAT APPLY): marketing    engineering    general administration    arts administration    finance    sales&marketing    web design business management    accounting    program development    computer science    public relations    advertising market research    hotel management    tourism management    _____
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If you are applying for the Self-Arrange Training Program, state the name, address, and telephone number of the employer and contact person:
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<b>ALL PARTICIPANTS IN THIS PROGRAM MUST BE COVERED BY ACCIDENT AND HEALTH INSURANCE FOR THE LENGTH OF THEIR INVOLVEMENT IN THE PROGRAM AND STAY IN THE UNITED STATES.</b> I have read the program offering in full and agree to the terms and conditions established therein. I have enclosed, or will provide upon request, any supporting reference or documentation. I hereby certify that the information herein is true and accurate to the best of my knowledge.				
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