



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

09/30/2017

ESTIMATED BURDEN TIME: 45 min

*See Page 2

1. Surname/Primary Name: [REDACTED]		Given Name: [REDACTED]		Gender: FEMALE	
Date of Birth (mm-dd-yyyy): [REDACTED]		City of Birth: [REDACTED]		Country of Birth: [REDACTED]	
Citizenship Country Code: [REDACTED]		Citizenship Country: [REDACTED]		J-1	
Legal Permanent Residence Country Code: [REDACTED]		Legal Permanent Residence Country: [REDACTED]			
Position Code: 213		Position: UNIVERSITY TEACHING STAFF INCLUDING R			
Primary Site of Activity: University at Albany, State University of New York 1400 Washington Ave. Albany, NY 12222					
2. Program Sponsor: University at Albany, State University of New York				Program Number: P-1-04843	
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE					
Purpose of this form: [REDACTED]					
3. Form Covers Period:			4. Exchange Visitor Category:		
From (mm-dd-yyyy): [REDACTED]			STUDENT DOCTORATE		
To (mm-dd-yyyy): [REDACTED]			Subject/Field Code: 26.1309		
			Subject/Field Code Remarks: [REDACTED]		
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:					
The Exchange Visitor's Government: [REDACTED]					
Total: [REDACTED]					

6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE. (INCLUDE DATE).	7. [REDACTED]	Alternate Responsible Officer
	Name of Official Preparing Form 1400 Washington Avenue Albany, NY 12222	Title [REDACTED]
	Address of Responsible Officer or Alternate Responsible Officer [REDACTED]	Telephone Number [REDACTED]
	Signature of Responsible Officer or Alternate Responsible Officer [REDACTED]	Date (mm-dd-yyyy) [REDACTED]

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
 Effective date (mm-dd-yyyy): _____ Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

 Signature of Responsible Officer or Alternate Responsible Officer

 Date (mm-dd-yyyy) of Signature

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).

The Exchange Visitor in the above program:

1. Not subject to the two-year residence requirement.

2. Subject to two-year residence requirement based on:

A. Government financing and/or

B. The Exchange Visitor Skills List and/or

C. PL 94-484 as amended

(ALL USAID PARTICIPANTS G-3-80263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-84510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

 Name

 Title

 Signature of Consular or Immigration Officer

 Date (mm-dd-yyyy)

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is 1 year)*

*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

(1) Exchange Visitor is in good standing at the present time

 Date (mm-dd-yyyy)

 Signature of Responsible Officer or Alternate Responsible Officer

(2) Exchange Visitor is in good standing at the present time

 Date (mm-dd-yyyy)

 Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.

you should sign, write your location, and the date here

 Signature of Applicant

 Place

 Date (mm-dd-yyyy)