

**United States Information Agency**  
**EXCHANGE VISITOR PROGRAM SERVICES, GC/V**  
**CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS**

1. \_\_\_\_\_ ( ) Male  
 \_\_\_\_\_ ( ) Female  
 (FAMILY NAME OF EXCHANGE VISITOR) (FIRST NAME) (MIDDLE NAME)

born \_\_\_\_\_  
 (Mo) (Day) (Yr) (City) (Country)

a citizen of \_\_\_\_\_ a legal permanent resident of \_\_\_\_\_  
 (Country) (Code)

\_\_\_\_\_ whose position in that country is \_\_\_\_\_  
 (Country) (Code)

\_\_\_\_\_ (Pos. Code)

U.S. address \_\_\_\_\_

- THE PURPOSE OF THIS FORM IS TO:
1. ( ) Begin a new program ( ) Accompanied by \_\_\_\_\_ immediate family members
  2. ( ) Extend an on-going program.
  3. ( ) Transfer to a different program
  4. ( ) Replace a lost form; correct a previous form.
  5. ( ) Permit visitor's immediate family ( \_\_\_\_\_ members) to enter U.S. separately

2. Will be sponsored by \_\_\_\_\_  
 \_\_\_\_\_ to participate in Exchange Visitor Program No. \_\_\_\_\_ which is still valid and is officially described as follows.

3. This form covers the period from \_\_\_\_\_ to \_\_\_\_\_ Students are permitted to travel abroad & maintain status (e.g. obtain a new visa) under duration of the program as indicated by the dates on this form.

4. The category of this visitor is 1 ( ) Student, 2 ( ) Trainee, 3 ( ) Teacher, 4 ( ) Professor, 5 ( ) International Visitor, 6 ( ) Alien Physician, 7 ( ) Government Visitor, 8 ( ) Research Scholar, 9 ( ) Short-Term Scholar, 10 ( ) Specialist, 11 ( ) Camp Counselor. The specific field of study, research, training or professional activity is \_\_\_\_\_ verbally described as follows:  
 (Subj/Field Code)

5. During the period covered by this for, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:

a. ( ) The Program Sponsor in item 2 above \$ \_\_\_\_\_

This Program Sponsor has  has not  (check one) received funding for international exchange from one or more U.S. Government Agency(ies) to support this exchange visitor. If any U.S. Government Agency(ies) provided funding, indicate the Agency(ies) by code \_\_\_\_\_

Financial support from organizations other than the sponsor will be provided by one or more of the following:

b1. ( ) U.S. Government Agency(ies) \_\_\_\_\_ (Agency Code). \$ \_\_\_\_\_ ; b2. \_\_\_\_\_ (Agency Code). \$ \_\_\_\_\_

c1. ( ) International Organizations \_\_\_\_\_ (Int. Org. Code). \$ \_\_\_\_\_ ; c2. \_\_\_\_\_ (Int. Org. Code). \$ \_\_\_\_\_

d. ( ) The Exchange Visitor's Government \$ \_\_\_\_\_

e. ( ) The binational Commission of the visitor's Country \$ \_\_\_\_\_ (If necessary, use above spaces for funding by multiple U.S. Agencies or Intl. Organizations)

f. ( ) All other organizations providing support \$ \_\_\_\_\_

g. ( ) Personal funds \$ \_\_\_\_\_

6. I.N.S. OR U.S.I.A USE

7. \_\_\_\_\_ (Name of Official Preparing Form) (Title)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (Signature of Responsible Officer or Alternate R.O.) (Date)

**PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212 (e) OF THE I.N.S.**

1. (Name) \_\_\_\_\_  
 (Title) \_\_\_\_\_

have determined that this alien in the above program.

1. ( ) is not subject to the two year residence requirement  
 2. ( ) is subject based on - A ( ) government financing and/or  
 B ( ) the Exchange visitor skills list and/or  
 C ( ) PL-94 484 as amended

The United States information Agency reserves the right to make the final determination

\_\_\_\_\_ (Signature of Officer) (Date)

**8. STATEMENT OF RESPONSIBLE OFFICER FOR RELEASING SPONSOR (FOR TRANSFER OF PROGRAM)**

Date \_\_\_\_\_ Transfer of this exchange visitor from program No. \_\_\_\_\_ sponsored by \_\_\_\_\_ to the program specified in item (2) is necessarily or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961.

\_\_\_\_\_ (Signature of Officer) (Date)