



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO. 1405-0119
 09/30/2017
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2

1. Surname/Primary Name: _____ Given Name: _____ Gender: _____		J-1
Date of Birth (mm-dd-yyyy): _____ City of Birth: _____ Country of Birth: _____ Citizenship Country Code: _____ Citizenship Country: _____		
Legal Permanent Residence Country Code: _____ Legal Permanent Residence Country: _____ Position Code: _____ Position: _____		
Primary Site of Activity: Central Connecticut State University, CIB 1615 STANLEY ST NEW BRITAIN, CT 06050-2439		
2. Program Sponsor: Central Connecticut State University Program Number: P-1-04603		
Participating Program Official Description:		
Purpose of this form:		
3. Form Covers Period:	4. Exchange Visitor Category:	
From (mm-dd-yyyy): Program Start Date	Subject/Field Code: _____ Subject/Field Code Remarks: _____	
To (mm-dd-yyyy): Program End Date		
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: Current Program Sponsor funds : \$2,300.00 Personal funds : \$3,275.00 Total : \$5,575.00		
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. Oluwatoyin Ayeni Responsible Officer
		Name of Official Preparing Form Central Connecticut State University 1615 Stanley Street New Britain, CT 06050 Responsible Officer or Alternate Responsible Officer
		Title _____ Telephone Number 860-832-2052 _____ Date (mm-dd-yyyy) _____
		Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) _____
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(e) of page 2).		TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)
The Exchange Visitor in the above program:		*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.
1. <input type="checkbox"/> Not subject to the two-year residence requirement.	(1) Exchange Visitor is in good standing at the present time	
2. <input type="checkbox"/> Subject to two-year residence requirement based on:	(2) Exchange Visitor is in good standing at the present time	
A. <input type="checkbox"/> Government financing and/or	(ALL USAID PARTICIPANTS G-2-60263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-1-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)	
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or		
C. <input type="checkbox"/> PL 94-484 as amended		
_____ Name	_____ Title	Date (mm-dd-yyyy) _____
_____ Signature of Consular or Immigration Officer	_____ Date (mm-dd-yyyy)	_____ Travel Signature
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).		_____ 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.		
_____ Signature of Applicant	_____ Place	_____ Date (mm-dd-yyyy)