

U.S. Department of State

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

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

	Given Name	I. 200 a	Gender:	NOO SEVISID
Date of Birth/mm-dd-yyy) ?: City of Bir	th: Country of B	listh: Citizenship Country Code:	Citizenship Country:	J-1
egal Permanent Residence Country Code: Legal rimary Site of Activity: Contxal Conne 1615 STANLEY S NEW BRITAIN, C	ticut State Univ			J-1
. Program Sponsor: Central Connect:	Lout State Univer	rsity	Program Number: P-1-046	03
articipating Program Official Description:				
urpose of this form:	435			
Form Covers Period:	4. Exchange Visitor	Category:		
Prom (mm-dJ-yyyy): Program Start Date To (mm-dJ-yyyy): Program End Date	Subject/Field Code:	Subject/Field Code Remarks:		
During the period covered by this form, he total Current Program Sponsor Yunds : \$2,3 Personal Tunds : \$2,3 Personal Tunds : \$3,275.00 Total : \$5,575.00		r. U.S. SJ is to De provided to the exchange willor by:		
THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).		7. Oluwatoyin Ayeni Name of Official Preparing Form		esponsible Officer
		Central Connecticut State Univer 1615 Stanley Street New Britsins (QToS 605 Secret Alternate Resp		860-832-2052 Telephone Number
		Signature of Responsible Officer or Afternate Res	possible Officer	
			parates offices	Date (mm-dd-3333)
Statement of Responsible Officer for Releasing S Effective date (non-uk/1999): to the program specified in item 2 is necessary or high	ponsor(FOR TRANSFER OF Transfer of this ex ghly desirable and is in conform			Date (non-on-yyyy)
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