



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: _____		N00 SEVIS ID
Date of Birth (mm-dd-yyyy): _____ City of Birth: _____ Country of Birth: _____ Citizenship Country Code: _____ Citizenship Country: _____		<b>J-1</b>
Legal Permanent Residence Country Code: _____ Legal Permanent Residence Country: _____ Position Code: _____ Position: _____		
Primary Site of Activity: <b>Central Connecticut State University, CIE</b> 1615 STANLEY ST NEW BRITAIN, CT 06050-2439		
3. Program Sponsor: <b>Central Connecticut State University</b> Program Number: <b>P-1-04603</b>		
Participating Program Official Description:		
Purpose of this form:		
3. Form Covers Period:	4. Exchange Visitor Category:	
From (mm-dd-yyyy): <b>Program Start Date</b>	Subject/Field Code: _____ Subject/Field Code Remarks: _____	
To (mm-dd-yyyy): <b>Program End Date</b>		
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. <b>Oluwatoyin Ayeni</b> Responsible Officer
		Name of Official Preparing Form: _____ Title: _____
		<b>Central Connecticut State University</b> _____
		<b>1615 Stanley Street</b> _____
		<b>New Britain, CT 06050</b> _____
		_____ Officer or Alternate Responsible Officer Telephone Number: _____
		_____ 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(i) 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. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended (ALL U.S.AID PARTICIPANTS G-2-8024J AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-84519 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)		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) _____ Travel Signature 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
Name _____ Title _____		Date (mm-dd-yyyy) _____
Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____		Signature of Responsible Officer or Alternate Responsible Officer _____
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(i).		
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.		
Signature of Applicant _____		Date (mm-dd-yyyy) _____
_____		_____