



U.S. Department of State

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

OMB APPROVAL NO. 1405-0119
EXPIRES: 10/31/2020
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Surname/Primary Name: [Redacted] Given Name: [Redacted] Gender: [Redacted]
Date of Birth (mm-dd-yyyy): [Redacted] City of Birth: [Redacted] Country of Birth: [Redacted] Citizenship Country Code: [Redacted] Citizenship Country: [Redacted]
Legal Permanent Residence Country Code: [Redacted] Legal Permanent Residence Country: [Redacted] Position Code: [Redacted] Position: [Redacted]
Primary Site of Activity: University of Redlands
1200 E COLTON AVE
REDLANDS, CA 92374-3755
2. Program Sponsor: University of Redlands Program Number: P-1-02126
Participating Program Official Description: PROFESSOR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.
3. Form Covers Period: From (mm-dd-yyyy): [Redacted] To (mm-dd-yyyy): [Redacted]
4. Exchange Visitor Category: STUDENT NON-DEGREE
Subject/Field Code: [Redacted] 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:
Personal funds: [Redacted] Total: [Redacted]

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sample

6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER
Name: [Redacted] Title: Responsible Officer
Address: 12 E COLTON AVE, Box 080, REDLANDS, CA 92374
Signature: Andrea Weisberg
Date: [Redacted] Telephone Number: 909-748-8717

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date (mm-dd-yyyy): [Redacted] Transfer of this exchange visitor from program number [Redacted] sponsored by [Redacted] 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: [Redacted] Date (mm-dd-yyyy) of Signature: [Redacted]

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
Name: [Redacted] Title: [Redacted]
Signature of Consular or Immigration Officer: [Redacted] Date (mm-dd-yyyy): [Redacted]

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): [Redacted]
Signature of Responsible Officer or Alternate Responsible Officer: [Redacted]
(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy): [Redacted]
Signature of Responsible Officer or Alternate Responsible Officer: [Redacted]

THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.
Signature of Applicant: [Redacted] Place: [Redacted] Date (mm-dd-yyyy): [Redacted]