

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS



1. Family Name: [REDACTED] First Name: [REDACTED] Middle Name: [REDACTED] Gender: MALE		J-1
Date of Birth (mm-dd-yyyy): [REDACTED] City of Birth: [REDACTED] Country of Birth: [REDACTED] Citizenship Country Code: SZ Citizenship Country: [REDACTED]		
Legal Permanent Residence Country Code: [REDACTED] Legal Permanent Residence Country: [REDACTED] Position Code: 229 Position: SECONDARY SCHOOL, OTHER		
U.S. Address: [REDACTED]		
2. Program Sponsor: Wessex, Inc. Exchange Visitor Program Number: P-3-04065		
Participating Program Official Description: STUDENT SECONDARY		
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.		
3. Form Covers Period: From (mm-dd-yyyy): 08-20-2007 To (mm-dd-yyyy): 08-19-2008	4. Exchange Visitor Category: STUDENT SECONDARY	
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 : \$1,100.00 Total : \$1,100.00		
6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE). 		7. Dora Gropp Name of Official Preparing Form 620 Willow Ave. Ukiah, CA 95482 Address of Responsible Officer or Alternate Responsible Officer [REDACTED] Signature of Responsible Officer or Alternate Responsible Officer
		Alternate Responsible Officer Title 907-762-4626 Telephone Number 05-31-2007 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(a) of page 2). The Exchange Visitor in the above program: <input checked="" 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 Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) Aug 09, 2007		TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is one year*) *EXCEPT: Maximum validation period is up to six months for Short-term Scholars and four months for Camp Counselors and Summer Travel/Work. (1) Exchange Visitor is in good standing at the present time _____ Date (mm-dd-yyyy) _____ 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
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 on item 2 on page 2 of this document. Signature of Applicant _____ Place _____ Date (mm-dd-yyyy) _____		

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