

SAMPLE Certificate of Eligibility DS-2019

(for J visa holders)

Major field of study

SEVIS ID

Program Sponsor

Degree Level

Program start date

Program end date


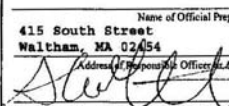
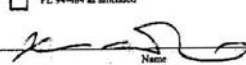
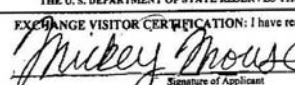
Port-of-Entry Stamp

Travel Signature

[Must be less than 6 months old when re-entering the United States]

U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

OMB APPROVAL NO. 1405-0119
EXPIRES: 04-30-2008
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Family Name: Mouse	First Name: Mickey	Middle Name:	Gender: MALE	SEVIS ID: NO001234568
Date of Birth (mm-dd-yyyy): 11/18/1928	City of Birth: Aalborg	Country of Birth: DENMARK	Citizenship Country Code: DA	Citizenship Country: DENMARK
Legal Permanent Residence Country Code: DA	Legal Permanent Residence Country: DENMARK	Position Code: 214	Position: UNIVERSITY GRADUATE STUDENTS	
U.S. Address: 415 South St. Waltham, MA 02454				
2. Program Sponsor: Brandeis University				Exchange Visitor Program Number: P-1-01781
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE				
Purpose of this Form: Begin New Program - Biographical Data Modified				
3. Form Covers Period:		4. Exchange Visitor Category: STUDENT NON-DEGREE		
From (mm-dd-yyyy): 08-30-2007	To (mm-dd-yyyy): 12-30-2007	Subject/Field Code: 52-1101	Subject/Field Code Remarks: Visiting Exchange Student to the International Business School	
5. During the period covered by this form, the total estimated financial support (U.S. \$) is to be provided to the exchange visitor by: Personal funds : \$9,748.00 Total : \$9,748.00				
6. U.S. DEPARTMENT OF STATE HAS PROVIDED THIS CERTIFICATION BY RESPONSIBLE OFFICER THAT THE INFORMATION ON THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE)		7. Shohreh Harris Name of Official Preparing Form 415 South Street Waltham, MA 02454 Address of Responsible Officer or Alternate Responsible Officer  Signature of Responsible Officer or Alternate Responsible Officer		Alternate Responsible Officer Title 781-736-3480 Telephone Number 07-24-2007 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: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on: A. <input checked="" 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 _____ Date (mm-dd-yyyy) 09 AUG 2007			(ALL U.S. PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY F-787888-001 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) Julia Fendrick Vice Consul Date (mm-dd-yyyy) _____ Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) _____	
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 VORSKOV DENMARK Date (mm-dd-yyyy) 08-02-2007				