

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)

*See Page 2

. Surname/Primary Name: NAVOLSKYI	Given Name: NAZAR		Gender: MALE	N0023487206
Date of Birth(mm-dd-yyyy): City of Birth (mm-dd-yyyy): TERNOPIL	th: Country of Bir	th: Citizenship Country Code: C UKRAINE UP	itizenship Country: UKRAINE	J-1
egal Permanent Residence Country Code: Legal I UP UKR rimary Site of Activity: Jolly Roger Am 2901 PHILADELP	AINE usement Park HIA AVE	Position Code: Position: 215 UNIVERSITY UNDE	RGRADUATE STUDENTS	
OCEAN CITY, MD	21842-3562			
. Program Sponsor: GeoVisions Participating Program Official Description: SUMMER TRAVEL/WORK			Program Number: P-4-06110	
Purpose of this form: Begin new progr	am; accompanied b	y number (0) of immediate family m	embers.	
3. Form Covers Period:	4. Exchange Visitor Category:			
From (mm-dd-yyyy): 05-14-2017 To (mm-dd-yyyy): 09-07-2017	SUMMER TRA Subject/Field Code: 31.0101			
Personal funds: \$800.00 Total: \$2,975.00				
RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER		7. Jules DeNizard		ernate Responsible
THAT A NOTIFICATION COPY OF THIS FOI TO THE U.S. DEPARTMENT OF STATE (INC.		Name of Official Preparing Form 16 Market Square Suite 4 Portsmouth, NH 03801 Address of Responsible Officer or Alternate Response	29	Title 603 - 363 - 4187 Telephone Number 02 - 03 - 2017 Date (mm-dd-yyyy)
8. Statement of Responsible Officer for Releasing S Effective date(mm-dd-yyyy): to the program specified in item 2 is necessary or h	Transfer of this eve	Signature of Responsible Officer or Alternate Res PROGRAM) thange visitor from program number by with the objectives of the Mutual Educational and Cultural Excha	sponsored by	
Signature of Responsible Officer or Alternate Responsible Officer Date (mm-dd-y)				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).			TRAVEL VALIDATION BY (Maximum validation	
The Exchange Visitor in the above program: Not subject to the two-year residence requirement		*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.		
Not subject to the two-year residence requirement (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO		(1) Exchange Visitor is in good stand	ing at the present time	
A. Government financing and/or	THE TWO-YEAR HOME RESIDENCE REQUIREMENT)		GREEN THE SECTION	
B. The Exchange Visitor Skills List and/or			Date (n	um-dd-yvyy)
C. PL 94-484 as amended		Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time		
Name		Title		
			Date (n	nın-dd-yyyy)
Signature of Consular or Imr		Date (nm-dd-yyyy)	Singature - C.DiLl. 005	or or Alternote Recognicible Officer
		AKE FINAL DETERMINATION REGARDING 212 (e).	Signature or Kesponsible Office	er or Alternate Responsible Officer
EXCHANGE VISITOR CERTIFICATI	ON: I have read and agree w	ith the statement in item 2 on page 2 of this document.	10.	03.17
Signature of	Applicant	Place		Date (mm-dd-yvyy)