

U.S. Department of State

OMB APPROVAL NO.1405-0119 09/30/2017

$\textbf{CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS} \ (\textbf{J-NONIMMIGRANT})$

ESTIMATED BURDEN TIME: 45 min *See Page 2

1. Surname/Primary Name: Tumnus	Given Name: Mr.		Gender: Male						
Date of Birth(mm-dd-yyyy): City of Birth	: Country of Birth:	Citizenship Country Code: N. A	Citizenship Country:	J-1					
01-01-0000 Lantern Waste Narnia NA Narnia Legal Permanent Residence Country Code: Legal Permanent Residence Country: Position Code: Position:									
NA Narnia 213 UNIVERSITY TEACHING STAFF INCLUDING R Primary Site of Activity: University of Hawaii									
Dept of Faun Studies									
Honolulu, HI 96822									
2. Program Sponsor: University of Hawaii Program Number: p- Participating Program Official Description:				_					
PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; 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:	4. Exchange Visitor Cate	4. Exchange Visitor Category:							
From (mm-dd-yyyy): 08-01-2004	(mm-dd-yyyy): 08-01-2004 RESEARCH SCHOLAR								
To (mm-dd-yyyy): 07-31-2005	(mm-dd-yyyy): 07-31-2005 Subject/Field Code: Subject/Field Code Remarks: Faun Studies								
5. During the period covered by this form, the total es	nated financial support (in U.S. \$) is to be provided to the exchange visitor by:								
6. U.S. DEPARTMENT OF STATE / DHS USE OR RESPONSIBLE OFFICER OR ALTERNATE R THAT A NOTIFICATION COPY OF THIS FOLTOTHE U.S. DEPARTMENT OF STATE (INCL.) 7. Alternate Responsible Officer Title Title									
					Officer nate Responsible Officer Telephone				
		Signature of Responsible Officer or Alternate R	esponsible Officer	Date (mm-dd-yyyy)					
8. Statement of Responsible Officer for Releasing Sponsor(FOR TRANSFER OF PROGRAM) Effective date(mm-dd-yyyy):									
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-yyy)				v) of Signature					
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE			TRAVEL VALIDATION BY RESPONSIBLE OFFICER						
IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2). (Maximum validation pe									
				*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.					
2 Subject to two year residence requirement based on: (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN (1) Exchange Visitor is in good stand				at the present time					
A. Government financing and/or PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)									
B. The Exchange Visitor Skills List and/or			Date (mm-dd-yyyy)						
C. PL 94-484 as amended									
			Signature of Responsible Officer (2) Exchange Visitor is in good standing						
Name Title									
Name		THE	Date (mm-	dd-yyyy)					
Signature of Consular or Immigration Officer Date (mm-dd-yyyy)									
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).			Signature of Responsible Officer or	Alternate Responsible Officer					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.									
Signature of Applicant Place Date (mm-dd-yyyyy)									