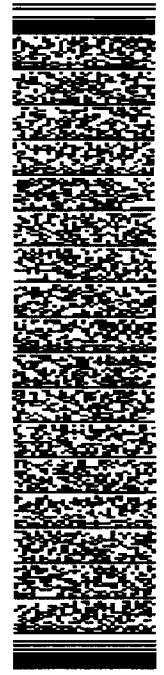


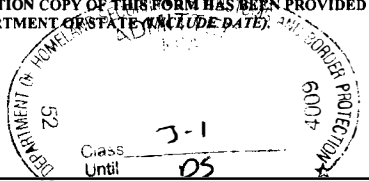


CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

1. Family Name: Caffera Collazo, First Name: Marcelo, Middle Name: Federico, Gender: MALE, N0008369423
Date of Birth: 03-07-1972, City of Birth: Montevideo, Country of Birth: URUGUAY, Citizenship Country Code: UY, Citizenship Country: URUGUAY
Legal Permanent Residence Country Code: UY, Legal Permanent Residence Country: URUGUAY, Position Code: 213, Position: UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS
Primary Site of Activity: Department of Resource Economics, 214 Stockbridge Hall, 80 Campus Center, Amherst, MA 01003
2. Program Sponsor: U.S. Department of State (Fulbright Scholars), Exchange Visitor Program Number: G-1-00005
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.
3. Form Covers Period: From 07-01-2011 to 05-14-2012
4. Exchange Visitor Category: RESEARCH SCHOLAR, Subject/Field Code: 45.0602, Subject/Field Code Remarks: CIES/IIE - Economics
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 : \$15,000.00, The Binational Commission of the Exchange Visitor's Country : \$15,000.00, Total : \$30,000.00



6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).
7. Katherine Matheson, Alternate Responsible Officer, Office of Academic Exchange Programs (E), 2200 C Street, NW, Fourth Floor (SA-5), Washington, DC 20038
Signature of Responsible Officer or Alternate Responsible Officer: [Signature]
Date (mm-dd-yyyy): 06-01-2011



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. [ ] Not subject to the two-year residence requirement.
2. [x] Subject to two-year residence requirement based on:
A. [x] Government financing and/or
B. [ ] The Exchange Visitor Skills List and/or
C. [ ] PL 94-484 as amended
Eitan Shapiro, Professional Adjudication Specialist, Consular Section, U.S. Embassy, Montevideo
Name: Eitan Shapiro, Title: Professional Adjudication Specialist, Consular Section, U.S. Embassy, Montevideo
Date (mm-dd-yyyy): JUN 15 2011
Signature of Consular or Immigration Officer: [Signature], Date (mm-dd-yyyy): JUN 15 2011

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): \_\_\_\_\_
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: \_\_\_\_\_

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.
Signature of Applicant: [Signature], Place: Montevideo, Date (mm-dd-yyyy): 06/15/2011