ASSURE THAT IMPRESSIONS ON

LEASE DO NOT STAPLE THIS FORM	ALL COPIES	ARE CLEAR	*Estimated Burden Hours: 15mins. (See page 4)
CERI	United States Inf EXCHANGE VISITOR PR DIFICATE OF ELIGIBILITY FOR	formation Agency OGRAM SERVICES, GC EXCHANGE VISITOR (/V J-1) STATUS
		(%) M	ale THE PURPOSE OF THIS FORM IS TO:
1. CAFFERA (FAMILY NAME OF EXCHANGE VISITOR)	MARCELO (FIRST NAME)	والمراجع والمراجع والمراجع والمراجع والمراجع	emale 1 () Begin a new program () Accompanied byimmediate family members.
born (Mo.) (37 1 1972 in MONT	EVIDEO ,,	UFRUGUAY (Country)	2 (X) Extend an on-going program.
a citizen of URUGUAY (Country)	a legal	permanent resident of	3 () Transfer to a different program.
URUGUAY (Country)	, whose position in that co	ountry is	4 (*) Replace a lost IAP-66 form; amend a previous IAP-66 form.
OTHER-PRIVATE BUSINESS	(Pos. Code)		5 () Permit visitor's immediate family
U.S. addressCept. of Resource Econo			(members) to enter U.S. separately.
University of Massachusetts Amharsi MA 01003		the second secon	6 () Reinstatement request to USIA.
2. will be sponsored by	er en seur tour en en er er traken de beschen find de Zategebanen.	the interpretation and residence as defined the animal section of the a	well and a consession consession on a second a
	change Visitor Program No. ட	بر بران بران المنظمة ا	ralid and is officially described as follows:
		en e	ed to travel abroad & maintain status (e.g. obtain
ment Visitor, 8 () Research Scholar or professional activity is 1590 (Subj/Field Code)	r, 9 (·) Short-Term Scholar, 10 (_·) Spe _verbally described as:)	cialist, 11()Camp Counselor	sitor, 6 () Alien Physician, 7 () Govern- The specific field of study, research, training
PhO ECONOMICS MISCELLA		the second of th	4.9/1
5. <u>During the period covered by this form</u> a. (¾) The Program Sponsor in item 2 ab This Program Sponsor has has no	ove \$ Fulbright gr ot (check one) received funding fo	11,000,00 ant associated costs or international exchange from or	ie or more U.S. Government
Agency(ies) to support this exchange visito Financial support from organizations other to			tambally
b1. () U.S. Government Agency(ies);	(Agency Code), \$; b2	(Agency Code) \$
c1. () International Organization(s):	(Intl. Org. Code), \$; c2	(Intl. Org. Code), \$
d. () The Exchange Visitor's Governmen		<u> </u>	(If necessary, use above spaces
e. () The binational Commission of the f. (§ All other organizations providing su	8 3 10 10 10 10 10 10 10 10 10 10 10 10 10	17,518,00 U. WA, Ambs	for funding by multiple U.S. Agencies or Intl. Organizations)
g. (-) Personal funds	\$		
6. USIA/INS USE OR CERTIFICATION BY RESPO OFFICER THAT A NOTIFICATION COPY OF T FORM HAS BEEN PROVIDED TO USIA (INCLUI	HIS 7		Assistant Manager (Tide)

W 0/3"	, ' ~ <i>U</i>	W. Ch	(Signa
RELIMINARY ENDORSEMENT O ECTION 212 (a) OF THE IMMIGRA			

with the finance and analysis and the second and th	10
International Educ 309 United Nations Plaza - New York, MY 10017-358	
12.1	
sponsible Officer or Alternate R.O.) (Telephone No.)	
Inemped July 27, 1999	j
Responsible Officer or Alternate R.O.) // (Date)	

STATEMENT OF RESPONSIBLE OFFICER FOR RELEASING SPONSOR (FOR TRANSFER OF PROGRAM)

Date_ _, Transfer of this exchange visitor from program No. __ 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.

has determined that this alien in the above program

1. () is not subject to the two year residence requirement.
2. () is subject based on: A. () government financing and/or .
B. () the Exchange visitor's kills list and/or C. () PL 94 484 as amended (Signature of Officer) (Date) INITED STATES INFORMATION AGENCY (USIA) RESERVES THE RIGHT TO MAKE THE FINAL DETERMINATION

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read and complete this page prior to presentation to a United States Consular or Immigration Official.

- 1. I understand that the following conditions are applicable to exchange visitors:
 - (a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(E) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED): Exchange visitors and their dependents may be subject to the two-year home-country physical presence requirement. RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for two years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill which is in short supply in their home country (these skills appear on the "Exchange Visitor Skills List") they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the U.S. to receive graduate medical education or training. The United States Information Agency (USIA) reserves the right to make the final determination. NOTE:

 MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT. OR BIRTH OF A CHILD IN THE U.S., DOES NOT REMOVE THIS REQUIREMENT.
 - (b) Extension of Stay/Program Transfers: A completed Form IAP-66 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.
 - (c) <u>Limitation of Stay:</u> STUDENTS as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; secondary students up to 1 academic year; TRAINEES 18 months; FLIGHT TRAINEES 24 months; TEACHERS, PROFESSORS, and RESEARCH SCHOLARS 3 years; SHORT-TERM SCHOLARS 6 months; SPECIALISTS 1 year; INTERNATIONAL VISITORS 1 year; ALIEN PHYSICIANS the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the Director of the U.S. Information Agency; GOVERNMENT VISITOR up to 18 months; CAMP COUNSELOR up to 4 months; SUMMER TRAVEL/WORK up to 4 months.
 - (d) <u>Documentation Required for Admission/Readmission as an Exchange Visitor</u>. To be eligible for admission/readmission to the U.S., an exchange visitor must present the following at the port of entry: (1) a valid nonlimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form IAP-66. Copies 1 and 2 of Form IAP-66 must be surrendered to a U.S. Immigration Officer upon arrival in the U.S. Copy 3 must be retained by the exchange visitor for re-entries within the period of previously authorized stav.
 - (e) <u>Change of Status</u>: Exchange visitors are expected to leave the U.S. upon completing their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the U.S. to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (A) or an international organization (G) or member of the family or attendant of either of these types of officials or employees.
 - (f) Insurance: Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and dependents on J visas during the duration of their exchange program. At a minimum, insurance coverage shall include: (1) medical benefits of at least U.S. \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of U.S. \$7,500; and (3) expenses associated with medical evacuation in the amount of U.S. \$10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 GFR Part 514.14. For details, consult your program's Responsible Officer (see item 7 on the front side of this form).
- 2. EXCHANGE VISITOR CERTIFICATION: I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended (22 CFR Part 514). I certify that all the information on the Form IAP-66 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 514.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. I understand that it is my responsibility to maintain my exchange visitor status. For the purposes of 20 U.S.C. 1232g and 22 CFR 514, I authorize the USIA-designated sponsor and any educational institution named on the Form IAP-66 to release information to USIA relating to compliance with Exchange Visitor Program regulations.

White of Applicant)

ANAERST - TASSACAUSETTS 08/18/99
(Place) (Date)

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer of your sponsoring organization indicate on this copy of the Form IAP-66 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on this copy is valid for up to one year or until the end date in item 3 on the front side of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

(Maximum validation period is one year*)	
*EVOEDT: Maximum deliberian nation in up to	

VALIDATION BY RESPONSIBLE OFFICER

*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 to	8/29/2000
" Vimela Jevol	212199
Signature of Responsible Officer	Date

(2) Exchange Visitor is in good standing to

Signature of Responsible Officer Date

(3) Exchange Visitor is in good standing to

				50	•		 	
Signatu	re of Re	spons	ible i	Officer		Date		

IAP-66 (1-97)

ASSURE THAT IMPRESSIONS ON ALL COPIES ARE CLEAR

APPROVED OMB 3116-0008 EXP. 11/30/96 *Estimated Burden Hours: 15 mins. (SEE page 4).

United States Information Agency EXCHANGE VISITOR PROGRAM SERVICES, GC/V CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

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	f X 1 Mi	ale THE PURPOSE OF THIS FORM IS TO:
1. CATTERA MATCE (FAMILY NAME OF EXCHANGE VISITOR) (FIRST NA	O Federico () Fe	
born (Mo.) (Day) (Yr.) in Monitevideo (City)	Trucuay (Country)	2 () Extend an on-going program.
a citizen of Uruguay UY (Country) (Country)	a legal permanent resident of	3 () Transfer to a different program
(Country) (Country) (Country)	sition in that country is	4 () Replace a lost form; correct a previous form.
Replayed of Institute/Corp	s. Códes	5 () Permit visitor's immediate family
U.S. address University of Massachusetts.	Amherst	(members) to enter U.S. separately.
Graduate School		
Amherst, MA 01002-3291		\int
2. will be sponsored by Fulbright Commission		
to participate in Exchange Visitor Program No	_G	valid and is officially described as follows:
A program of the USIA to promote mutu		
administering either directly or thro	idu desiduated oldunisari	ons, grants to qualified
foreign nationals to study and/or pur	sne brojessjouat deserobe	ent at actedited
post-secondary colleges, universities	, or other selected metr	cutions or organizations
in the United States.		
3. This form covers the period from QA 30 QA to QA	Students are permitted to trav	el abroad & maintain status (e.g. obtain a new visa)
under duration of the program as indicated by the dates on this from.	(Davi (Yr.)	
es ver	e de la companya de	
4. The category of this visitor is 1 (3) Student, 2 () Trainee, 3 () Te	acher 4 () Professor 5 () International Vi	sitor, 6 () Allen Physician, 7 () Govern-
ment Visitor, 8 () Research Scholar, 9 () Short-Term Scho	ar, 10 () Specialist, 11 () Camp Counselor	r. The specific field of study, research, training
or professional activity is <u>1990</u> verbally described as follows: (Subj/Field Code)		
(Sub) Field Code)	- Recommics, Misc	
5. During the period covered by this form, the total estimated fi	nancial support (in U.S. \$) is to be provide	d to the exchange visitor by:
a. A.) The Program Sponsor in item 2 above	\$ 11.000.00	
This Program Sponsor has has not (check one) red Agency(les) to support this exchange visitor. If any U.S. Government	eived funding for international exchange from o	
land 4. 그렇게 전염된 이 상황회록됐다. 그 없이 나를 하는 것이 되었다. 그 사람들이 다른 사람들이 다른 사람들이 다른 사람들이 되었다. 그 사람들이 다른 사람들이 되었다. 그 나를 다른 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들이 되었다면 보다 되었다. 그는 사람들이 되었다면 보다 되었다면 보니 되었다면 보다		Cy(163) Dy 6666
Financial support from organizations other than the sponsor will be p		
b1. () U.S. Government Agency(les):(Age		(Agency Code), \$
c1. () International Organization(s):(int.	Org. Code); \$; c2	
d. () The Exchange Visitor's Government		(If necessary, use above spaces) for funding by multiple U.S.
e. () The binational Commission of the visitor's Country	1	Agencies or Intl. Organizations
f. (*) All other organizations providing support	\$ <u>_0,010_00</u> _	
g. ((X) Personal funds	\$ 77.734.00	
6. I.N.S. OR U.S.I.A. USE	Carlson l	eting Public Affairs Officer
7. (Name o	f Official Preparing Form)	(Title)
	can Embassy, Montevideo	·
Address (Address		
Control of the State of the Sta	The state of the s	07/21/98
Signatu	e of Responsible Officer or Alternate R.O.)	(Date)
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER	8. STATEMENT OF RESPONSIBLE	
REGARDING SECTION 212(e) OF THE I.N.S.	SPONSOR (FOR TRANSFER OF	
L (Name)		hanne vielbau franc average blo
(Title)	Date, Transfer of this exc	thange visitor from program Nospon- to the program specified in item (2) is necessary or
nave determined that this alien in the above program 1. () is not subject to the two year residence requirement.	sored by highly desirable and is in conformity wit	h the objectives of the Mutual Educational and Cultural
() is subject based on: —A () government financing and/or . B. () the Exchange visitor skills list and/or	Exchange Act of 1961.	
C. () Pt. 94 484 as amended (). The United States information Agency reserves the right to make the final determination.		
(Signature of Officer)	(Signature of Officer)	(Date)

INSTRUCTIONS FOR AND CERTIFICATION BY the ALIEN BENEFICIARY named on page 1 of this Form:

Read and complete this page prior to presentation to a United States Consular or Immigration Official.

I understand that the following conditions are applicable to exchange visitors:

- (a) Extension of Stay/Program Transfers: A completed Form IAP-66 is required in order to apply for an extension or transfer and must be obtained from, or with the assistance of, the sponsor. It must be submitted to the U.S. Information Agency within forty-five days before the expiration of the authorized period of stay.
- (b) Limitation of Stay: STUDENTS as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. If the sponsor recommends academic training they may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; secondary students up to 1 academic year; TRAINEES 18 months; FLIGHT TRAINEES 24 months; TEACHERS, PROFESSORS, AND RESEARCH SCHOLARS 3 years; SHORT-TERM SCHOLARS 4 months; SPECIALISTS 1 year; INTERNATIONAL VISITORS 1 year; ALIEN PHYSICIANS the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the Director of the U.S. Information Agency; GOVERNMENT VISITOR up to 18 months; CAMP COUNSELOR up to 4 months.
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(0)	or employees. Two-Year Home Country P. part, directly or indirectly b for 2 years following comp intracompany transferee (L) country (these skills appear residence requirement. The	hysical Presence Requireme y either their government of letion of their program befor . Likewise, if exchange vis on the "Exchange Visitor S e requirement also is applica	nt: Exchange visitors by the U.S. Government they are eligible for itors are acquiring a skikills List") they will be ble to alien physicians	whose programs are financed in whole or in ent, are required to reside in their own country immigrant status; temporary worker (H); or an cill which is in short supply in their home exubject to the same two-year home country entering the U.S. to receive graduate medical and PL 94-484, as amended).
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Signat	ure of Applicant)		(Place)	
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NOTICE TO	O ALL EXCHANGE VISITORS	de la segui de la capación de la ca Capación de la capación de la capac	(2) Exchange Visito	or is in good standing from to
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IAP-66.	ou standing on this copy of th		(4) Exchange visito	r is in good standing fromto
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