

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS EXPIRES: 07-31-2011 ESTIMATED BURDEN TIME: 45 min

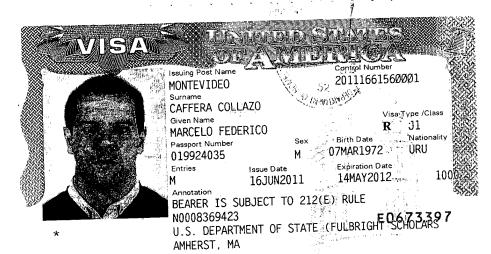
OMB APPROVAL NO.1405-0119

| | | | | *See Page 2 |
|--|--|--|---|--|
| 1. Family Name: Caffera Collazo | First Name: Marcelo | Middle Name: Federico | Gender: MALE | N0008369423 |
| Date of Birth (mm-dd-yyyyy): City of 03-07-1972 Montevide | of Birth; Country of Bir 80 | th: Citizenship Country Code: C URUGUAY UY | Citizenship Country: URUGUAY | J-1 |
| Legal Permanent Residence Country Code: L | | | | |
| UY Primary Site of Activity: Department | URUGUAY of Resource Economic | | ING STAFF INCLUDING CARCHERS | 0.37927780 |
| 214 Stockbr Amherst, MA | idge Hall, 80 Campus | di Center | | 40.00 |
| 2. Program Sponsor: | | | schange Visitor Program Number: | |
| U.S. Department of State Participating Program Official Description: | (Fulbright Scholars |) | G-1-00003 | |
| PROFESSOR; RESEARCH SCHOOL | LAR; SHORT-TERM SCHO | LAR | | |
| Purpose of this form: Begin new pro | ogram; accompanied b | y number (0) of immediate family mo | embers. | |
| 3. Form Covers Period: | 4. Exchange Visitor C | | | |
| From (nun-dd-yyyy): 07-01-2011 | RESEARCH S | | | |
| To (mm-dd-yyyy): 05-14-2012 | Subject/Field Code: 45.0602 | Subject/Field Code Remarks: CIES/IIE - Economics | | 200 |
| 5. During the period covered by this form, the | total estimated financial support (in | U.S. 8) is to be provided to the exchange visitor by: | | |
| Current Program Sponsor funds : The Binational Commission of the | | y : \$15,000.00 | | 60000000000000000000000000000000000000 |
| Total : \$30,000.00 | | • | | |
| | | | | 35.50 C |
| | | | | |
| | | | | |
| | | | | |
| 6. U.S. DEPARTMENT OF STATE / DHS USI RESPONSIBLE OFFICER OR ALTERNAT THAT A NOTIFICATION COPY OF TUIS | TE RESPONSIBLE OFFICER | 7. Katherine Matheson | | ernate Responsible icer |
| TO THE U.S. DEPARTMENT OF STATE (| | Name of Official Preparing Form | /E | Title |
| | 0,- | Office of Academic Exchange Progr 2200 C Street, NW, Fourth Floor | | 202-686-7859 |
| | ³) 됩 | Washingtons on Gsp2000 Officer or Alternate Respo | nsible Officer | Telephone Number |
| \$4 84.8° | 7-1 | | | 06-01-2011 |
| 7 (Jesti) | 05 | Signature of Responsible Officer or Alternate Resp | onsible Officer | Date (mm-dd-yyyy) |
| Statement of Responsible Officer for Release Effective date (mm-dd-yyyy): | . Transfer of this excl | nange visitor from program number | sponsored by | |
| to the program specified in item 2 is necessary | or highly desirable and is in conformity | y with the objectives of the Mutual Educational and Cultural Exchang | ge Act of 1961, as amended. | |
| | | | | |
| | er or Alternate Responsible Officer | | | vyyy) of Signature |
| PRELIMINARY ENDORSEMENT OF CONSIMMIGRATION AND NATIONALITY ACT | | | TRAVEL VALIDATION BY (Maximum validation | |
| The Exchange Visitor in the above program | requirement | | *EXCEPT: Maximum validation peri Scholars and 4 months for Camp Cour | |
| Not subject to the two-year residence | · . | LL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN | (1) Exchange Visitor is in good standi | |
| 2 Subject to two-year residence require | ment based on: PH: | YSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO IE TWO-YEAR HOME RESIDENCE REQUIREMENT) | | |
| A Government financing and/o | OF The state of th | A STATE OF THE STA | Date (m | ım-dd-yyyy) |
| B The Exchange Visitor Skills | | an Enapiro Adjudication Specialist | S 1 | |
| C. PL 94-484 as amended | Con | sular Section | | er or Alternate Responsible Officer |
| | U.S. Em | hnday Montevide o | (2) Exchange Visitor is in good standi | ng at the present time |
| Nam | ne / I/ | The C 2011 | | |
| Signature of Consult or Immigration Officer Date (mm-dd-yyyy) | | | Date (m | ım-dd-yyyy) |
| THE U.S. DEPARTMENT OF STAT | Signature of Responsible Officer | or Alternate Responsible Officer | | |
| | · | th the statement in item 2 on page 2 of this document. | | |
| Matty. | | | ov 1 | 151 2011 |
| - MAKIN | | Mouperches | <u> Uo f</u> | 15/2011 Date (min-dd-yyyy) |
| Signature | of Applicant | V Place | ž* | Date (mm-dd-yyyy) |

Registro de saída

| | Número de admissão | |
|---|---|---|
| | 782483882 21 3-1 | |
| | 75 | |
| | 18. Sobrenome | |
| | CAFFERALLILILILI | 1 |
| , | 19. Nome (20. Data de nascimento (DD/MM/AA) (01710]3 1712 | 1 |
| • | 21. País de cidadania | |
| , | | |
| | | |

CBP Form 1-94 (05/08) STAPLE HERE



VNUSACAFFERA<COLLAZO<<MARCELO<FEDERICO<<<<< 0199240359URY7203073M1205145J1MTV02PJ6562027