

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

1. Family Name: <b>Caffera Collazo</b>		First Name: <b>Marcelo</b>		Middle Name: <b>Federico</b>		Gender: <b>MALE</b>		N0008369423	
Date of Birth (mm-dd-yyyy): <b>03-07-1972</b>		City of Birth: <b>Montevideo</b>		Country of Birth: <b>URUGUAY</b>		Citizenship Country Code: <b>UY</b>		Citizenship Country: <b>URUGUAY</b>	
Legal Permanent Residence Country Code: <b>UY</b>		Legal Permanent Residence Country: <b>URUGUAY</b>		Position Code: <b>213</b>		Position: <b>UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS</b>			
Primary Site of Activity: <b>Department of Resource Economics 214 Stockbridge Hall, 80 Campus Center Amherst, MA 01003</b>									
2. Program Sponsor: <b>U.S. Department of State (Fulbright Scholars)</b>						Exchange Visitor Program Number: <b>G-1-00005</b>			
Participating Program Official Description: <b>PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR</b>									
Purpose of this form: <b>Begin new program; accompanied by number (0) of immediate family members.</b>									
3. Form Covers Period: From (mm-dd-yyyy): <b>07-01-2011</b> To (mm-dd-yyyy): <b>05-14-2012</b>			4. Exchange Visitor Category: <b>RESEARCH SCHOLAR</b> Subject/Field Code: <b>45.0602</b> Subject/Field Code Remarks: <b>CIES/IIE - Economics</b>						
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. <b>Katherine Matheson</b> Name of Official Preparing Form <b>Office of Academic Exchange Programs (E) 2200 C Street, NW, Fourth Floor (SA-5) Washington, DC 20037</b> Signature of Responsible Officer or Alternate Responsible Officer				Alternate Responsible Officer Title <b>202-686-7859</b> Telephone Number <b>06-01-2011</b> Date (mm-dd-yyyy)		
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(c) 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. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on: A. <input checked="" type="checkbox"/> Government financing and/or B. <input type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended <b>Eitan Shapiro</b> Professional Adjudication Specialist U.S. Embassy Montevideo Name: _____ Title: _____ Signature of Consul or Immigration Officer _____ Date (mm-dd-yyyy) <b>JUN 15 2011</b>						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 _____			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(c).									
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. Signature of Applicant _____ Place <b>Montevideo</b> Date (mm-dd-yyyy) <b>06/15/2011</b>									

Registro de saída

Número de admissão

782483882 21

Empty grid box for additional data

J-1  
DS

18. Sobrenome

CAFFERA

19. Nome

MARCELO

20. Data de nascimento (DD/MM/AA)

070372

21. País de cidadania

URUGUAY

CBP Form I-94 (05/08)

Vide verso

STAPLE HERE

**VISA UNITED STATES OF AMERICA**



Issuing Post Name: MONTEVIDEO  
 Surname: CAFFERA COLLAZO  
 Given Name: MARCELO FEDERICO  
 Passport Number: 019924035  
 Entries: M  
 Issue Date: 16JUN2011  
 Control Number: 20111661560001  
 Visa Type /Class: R J1  
 Sex: M  
 Birth Date: 07MAR1972  
 Nationality: URU  
 Expiration Date: 14MAY2012  
 1000

Annotation: BEARER IS SUBJECT TO 212(E) RULE  
 N0008369423  
 U.S. DEPARTMENT OF STATE (FULBRIGHT SCHOLARS)  
 AMHERST, MA

E0673397

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