

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

OMB APPROVAL NO.1405-0119

07/31/2014

ESTIMATED BURDEN TIME: 45 min \*See Page 2 Middle Name: First Name: N0009728159 Shicheng Guo Citizenship Country Code: Date of Birth (mm-dd-yyyy): City of Birth: 02-28-1986 Jining, Shandong Country of Birth: CHINA CH CHINA J-1 Position Code: Position: Legal Permanent Residence Country Code: Legal Permanent Residence Country: UNIVERSITY GRADUATE STUDENTS 214 CH CHINA Primary Site of Activity: 1200 Herman Pressler Houston, TX 77030 Exchange Visitor Program Number: 2. Program Sponsor: P-1-05972 The University of Texas Health Science Center at Houston 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 - Biographical Data Modified 3. Form Covers Period: 4. Exchange Visitor Category: SHORT-TERM SCHOLAR From (mm-dd-yyyy): 12-01-2012 Subject/Field Code Remarks: Subject/Field Code: To (mm-dd-yyyy): 03-31-2013 Biostatistics 51.9999 5. During the period covered by this form, the total estimated financial support (in U.S. 3) is to be provided to the exchange visitor by: Fudan University Graduate School: \$6,408.00 Total : \$6,408.00 U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY Alternate Responsible 7. Catherine Shock RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER Officer THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED Name of Official Preparing Form TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE). Office of International Affairs 713-500-3218 P.O. Box 20036 HoustonAdd XX of Re 325 ble Officer or Alternate Responsible Officer Telephone Number 10-30-2012 Date (mm-dd-yyyy) ignature of Responsible Officer or Alternate Responsible Officer 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. Date (mm-dd-yyyy) of Signature Signature of Responsible Officer or Alternate Responsible Officer 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). 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. The Exchange Visitor in the above program: Not subject to the two-year residence requirement, (1) Exchange Visitor is in good standing at the present time (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN Subject to two-year residence requirement based on: PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) Government financing and/or Date (mm-dd-vvvv) The Exchange Visitor Skills List and/or Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time Date (mm-dd-vvvv)

THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e). EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.

Immigration Officer

Shickeng Gro J Signature of Applicant Shaihai, china

put 5th 2012 Date (mm-dd-vvvv)

Signature of Responsible Officer or Alternate Responsible Officer



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

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ESTIMATED BURDEN TIME: 45 min
\*See Page 2

, raming trainer	rst Name:	Middle Name:	Gender: MALE	N0009728159	
Guo Date of Birth(mm-dd-yyyy): City of Birth:	Shicheng Country of Bir		Citizenship Country:		
02-28-1986 Jining, Shandong		CHINA CH	CHINA	J-1	
egal Permanent Residence Country Code: Legal Permanen CH CHINA	t Residence Country:		RADUATE STUDENTS		
rimary Site of Activity: 1200 Herman Pressle	r			ncares areas	
Houston, TX 77030					
Program Sponsor: The University of Texas Health S	cience Cente		xchange Visitor Program Number: P-1-05972		
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHO STUDENT DOCTORATE; STUDENT INTER		DLAR; SPECIALIST; STUDENT ASSOCIATE ASTERS; STUDENT NON-DEGREE	; STUDENT BACHELORS;		
erpose of this form: Amend previous form:	program dat	e(s) amended		**************************************	
Form Covers Period:	overs Period:  4. Exchange Visitor Category:				
rom (mm-dd-yyyy): 12-18-2012	SHORT-TERM	SCHOLAR		2	
°e (mm-dd-yyyy): 03-31-2013	Subject/Field Code: 51.9999	10000000			
Fudan University Graduate School : \$6,408.0					
U.S. DEPARTMENT OF STATE / DHS USE OR CERTIF RESPONSIBLE OFFICER OR ALTERNATE RESPONSI THAT A NOTIFICATION COPY OF THIS FORM HAS I	BLE OFFICER	7. Catherine Shock Alter		rnate Responsible	
TO THE U.S. DEPARTMENT OF STATE (INCLUDE DA		Name of Official Preparing Form Office of International Affairs P.O. Box 20036 HoustonAdd表表 of形象是 aible Officer or Alternate Responsible Officer	get for you example of ell	Title  713 - 500 - 3218  Telephone Number  12 - 17 - 2012  Date (mm-dd-yyyy)	
Statement of Responsible Officer for Releasing Sponsor/F	OR TRANSFER OF I		polision		
Effective date(mm-dd-yyyy): to the program specified in item 2 is necessary or highly desire	. Transfer of this exc able and is in conformi	hange visitor from program number y with the objectives of the Mutual Educational and Cultural Exchar	sponsored by nge Act of 1961, as amended.		
Signature of Responsible Officer or Alternate Responsible Officer  Date (mm-dd-yyy					
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).  (Maximum validation p					
The Exchange Visitor in the above program:			*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.		
Not subject to the two-year residence requirement.  [ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPANSORED BY P. 3.04510 ARE SUBJECT TO			(1) Exchange Visitor is in good standing at the present time		
A. Government financing and/or		YSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO HE TWO-YEAR HOME RESIDENCE REQUIREMENT)	potreliste Officer or the Alterna or to the entatorion date author	mell and to outliness of the control and the c	
B. The Exchange Visitor Skills List and/or		,	Date (mn	n-dd-yyyy)	
C. PL 94-484 as amended		title is a Shajartern Scholera and 6 marries fo	Signature of Responsible Officer	r or Alternate Responsible Officer	
_			(2) Exchange Visitor is in good standin		
Name		Title			
wallity manufact allegenships you have bright			Date (mn	n-dd-yyyy)	
Signature of Consular or Immigration C		Date (mm-dd-yyyy)	Cimetus of B	or Alternate Personsible Offi	
		AKE FINAL DETERMINATION REGARDING 212 (e).	Signature of Responsible Officer	or Alternate Responsible Officer	
EXCHANGE VISITOR CERTIFICATION: I have	e read and agree wi	th the statement in item 2 on page 2 of this document.	on [7]	n /v Date (mm-dd-yyyy)	



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

OMB APPROVAL NO.1405-0119 07/31/2014

ESTIMATED BURDEN TIME: 45 min \*See Page 2

1. Family Name: Guo	First Name: Shicheng	Middle Name:	Gender: MALE	N0009728159	
Date of Birth(mm-dd-yyyy): 02-28-1986 Jining,	City of Birth: Country of	Birth: Citizenship Country Code: CHINA CH	Citizenship Country: CHINA	J-1	
	Code: Legal Permanent Residence Countr			J-1	
CH	CHINA	214 UNIVERSITY	GRADUATE STUDENTS	ACOUNTY CA	
Primary Site of Activity: 1200 H Housto	erman Pressier n, TX 77030				
2. Program Sponsor:			Exchange Visitor Program Number:		
	exas Health Science Cent		P-1-05972		
Participating Program Official Descri	ption:			ALAS HAVE	
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Purpose of this form: Extend a	n on-going program			29/2104	
. Form Covers Period:	Form Covers Period:  4. Exchange Visitor Category:				
From (mm-dd-yyyy): 12-18-20	SHORT-TERM SCHOLAR				
	Subject/Field Code				
To $(mm-dd-yyyy): 05-17-20$	51.9999	Biostatistics	ng traditional programming statements and the statements of the st	500000	
. During the period covered by this f	orm, the total estimated financial support (	in U.S. S) is to be provided to the exchange visitor by:	the fact that we train our will all in a	Contract of	
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Total : \$25,656.00				1247	
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	DHS USE OR CERTIFICATION BY	7. Erin Cromer	Alter	nate Responsible	
	TERNATE RESPONSIBLE OFFICER OF THIS FORM HAS BEEN PROVIDED		Offic	er	
TO THE U.S. DEPARTMENT OF		Name of Official Preparing Form		Title	
		Office of International Affairs P.O. Box 20036	survey out their youngs of range	713-500-3178	
		Houstonadd X of Re 205 ble Officer or Alternate Res	sponsible Officer	Telephone Number	
		4	9		
		(MA) JOVIL	X.	03-15-2013	
	The second secon	Signature of Responsible Officer or Alternate Re	esponsible Officer	Date (mm-dd-yyyy)	
Statement of Responsible Officer for	or Releasing Sponsor (FOR TRANSFER OF	PROGRAM)			
Effective date(mm-dd-yyyy)	. Transfer of this e	xchange visitor from program number nity with the objectives of the Mutual Educational and Cultural Exch	sponsored by		
to the program specified in item 2 is i	necessary of nightly destraole and is in comon	mity with the objectives of the Mutual Educational and Cultural Excel	ange Net of 1701, as amended		
Signature of Responsi	of Signature				
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MMIGRATION AND NATIONALE	TY ACT AND PL 94-484, AS AMENDED	(see item I(a) of page 2).	(Maximum validation p		
he Exchange Visitor in the above prog			*EXCEPT: Maximum validation period is up to 6 months for Short-term		
Not subject to the two-year		(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN	Scholars and 4 months for Camp Counselors and Summer Work/Travel.  (1) Exchange Visitor is in good standing at the present time		
2. Subject to two-year residence	ce requirement based on:	HYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)	Vice agreement of the Responsible Officer or that Alicent		
A. Government finance			Date (mm-dd-yyyy)		
B. The Exchange Visit	tor Skills List and/or		240 (11111		
C. PL 94-484 as amen	ded		Signature of Responsible Officer	or Alternate Responsible Officer	
			(2) Exchange Visitor is in good standing	at the present time	
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	namela as Immieration Office	Date (mm-dd-yyyy)	or to store at the set and a	senseral 211 vil seimen	
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EXCHANGE VISITOR CER		at the statement in story 2 on many 2 of this document			
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	Strickey Gre Signature of Applicany	How-ton		th Merch 2013  Date (mm-dd-yyyy)	

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

Read this page and sign the Exchange Visitor Certification block on the bottom of page1 and 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):

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 2 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 that 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 United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT. OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

- (b) Extension of Stay/Program Transfers: A completed Form DS-2019 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) 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. 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; STUDENTS up to 1 academic year; TRAINEES 18 months; FLIGHT TRAINEES 24 months; TEACHERS 3 years; PROFESSORS and RESEARCH SCHOLARS 5 years; SHORT-TERM SCHOLARS 6 months; SPECIALISTS 1 year; INTERNATIONAL VISITORS 1 year; ALIEN PHYSICIAN the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; GOVERNMENT VISITOR up to 18 months; CAMP COUNSELOR- up to 4 months; SUMMER WORK/TRAVEL up to 4 months; AU PAIR- 1 year; INTERN up to 12
- (d) Documentation Required for Admission/Readmission as an Exchange Visitor: To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant 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 DS-2019(with 2-D barcode), which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (e.g., obtain a new visa) under duration of the program as indicated by the dates on this form (see item 3 on page 1 of this form).
- (e) Change of Visa Status: Exchange visitors (and dependents) are expected to leave the United States upon completion of 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 United States 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 minor children on J visas for 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 CFR Part 62.14. For details, consult your program's Responsible Officer or Alternate Responsible Officer (see item 7 on page 1 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 62). I certify that all the information on the Form DS-2019 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 62.14, 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 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

#### 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 or Alternate Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year\* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

\*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

\* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (Embassy) to secure an exchange visitor (J-1, J-2) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/ISS/DIR, Washington, D.C. 20520.