



## U.S. Department of State

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

OMB APPROVAL NO.1405-0119  
EXPIRES: 12/31/2024  
ESTIMATED BURDEN TIME: 45 m  
\*See Page 2

1. Surname/Primary Name: <b>Xu</b>		Given Name: <b>Xinhang</b>		Sex: <b>MALE</b>	<b>N0035116451</b>  <b>J-1</b>
Date of Birth(mm-dd-yyyy): <b>06-11-1993</b>	City of Birth: <b>Anhui</b>	Country of Birth: <b>CHINA</b>	Citizenship Country Code: <b>CH</b>	Citizenship Country: <b>CHINA</b>	
Legal Permanent Residence Country Code: <b>CH</b>		Legal Permanent Residence Country: <b>CHINA</b>	Position Code: <b>214</b>	Position: <b>UNIVERSITY GRADUATE STUDENTS</b>	
Primary Site of Activity: <b>Electrical and Computer Engineering</b> <b>1 SHIELDS AVE</b> <b>DAVIS, CA 95616-5270</b>					
2. Program Sponsor: <b>University of California, Davis</b> Program Number: <b>P-1-02538</b>					
Participating Program Official Description: <b>PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE</b>					
Purpose of this form: <b>Extend an on-going program</b>					
3. Form Covers Period:		4. Exchange Visitor Category:			
From (mm-dd-yyyy): <b>03-10-2024</b>		<b>RESEARCH SCHOLAR</b>			
To (mm-dd-yyyy): <b>03-09-2027</b>		Subject/Field Code: <b>14.4701</b> Subject/Field Code Remarks: <b>Electrical and Computer Engineering</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 : \$203,241.00 Total : \$203,241.00					
6. RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER ATTESTATION: I attest that prior to issuing this Form DS-2019, the Program Sponsor organization identified above, for which I serve as the Responsible Officer or Alternate Responsible Officer, has verified, in accordance with the requirements of 22 CFR 62.12(b), that each prospective exchange visitor: (i) is eligible and qualified for, and accepted into, the program in which he or she will participate; (ii) possesses adequate financial resources to participate in and complete his or her exchange visitor program; and (iii) possesses adequate financial resources to support an accompanying spouse and dependents, if any. I also attest that upon printing and signing this form, I am physically present in the United States or in a U.S. territory. A notification copy of this form has been provided to the U.S. Department of State.		7.			
		Mary Alurwar Name of Official Preparing Form S.I.S.S. International Center, 1 Shields Ave. DAVIS, CA 95616-8698 Address of Responsible Officer or Alternate Responsible Officer Mary L Alurwar Digitally signed by Mary L Alurwar Date: 2026.01.21 09:56:56 -08'00' Signature of Responsible Officer or Alternate Responsible Officer		Alternate Responsible Officer Title 530-752-7879 Telephone Number 01-21-2026 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(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 is: 1. <input type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to the two-year residence requirement based on: A. <input 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 (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____ THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).			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 01/21/2026 Date (mm-dd-yyyy) Mary L Alurwar Digitally signed by Mary L Alurwar Date: 2026.01.21 09:56:41 -08'00' 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.					
Xinhang Xu Signature of Applicant		1133 Olive Dr. Unit 302, Davis, CA Place		01/27/2026 Date (mm-dd-yyyy)	