



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: Xu		Given Name: Xinhang	Sex: MALE	N0035116451
Date of Birth/(mm-dd-yyyy): 06-11-1993	City of Birth: Anhui	Country of Birth: CHINA	Citizenship Country Code: CH	Citizenship Country: CHINA
Legal Permanent Residence Country Code: CH		Legal Permanent Residence Country: CHINA	Position Code: 214	Position: UNIVERSITY GRADUATE STUDENTS
Primary Site of Activity: Electrical and Computer Engineering 1 SHIELDS AVE DAVIS, CA 95616-5270				
2. Program Sponsor: University of California, Davis		Program Number: P-1-02538		
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: Extend an on-going program				
3. Form Covers Period:	4. Exchange Visitor Category: RESEARCH SCHOLAR			
From (mm-dd-yyyy): 03-10-2024	Subject/Field Code: 14.4701 Subject/Field Code Remarks: Electrical and Computer Engineering			
To (mm-dd-yyyy): 03-09-2027				
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				
<p>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.</p> <p>7.</p> <p style="text-align: center;">Mary Alurwar Name of Official Preparing Form S.I.S.S. International Center, 1 Shields Ave. DAVIS, CA 95616-8698</p> <p style="text-align: center;">Address of Responsible Officer or Alternate Responsible Officer</p> <p style="text-align: center;">Mary L Alurwar Digitally signed by Mary L Alurwar Date: 2026.01.21 09:56:56 -08'00'</p> <p style="text-align: center;">Signature of Responsible Officer or Alternate Responsible Officer</p>				
Alternate Responsible Officer Title: 530-752-7879 Telephone Number: 01-21-2026 Date (mm-dd-yyyy): 01-21-2026				
<p>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.</p> <p>Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____</p>				
<p>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).</p> <p>The Exchange Visitor in the above program is:</p> <p>1. <input type="checkbox"/> Not subject to the two-year residence requirement.</p> <p>2. <input type="checkbox"/> Subject to the two-year residence requirement based on:</p> <p>A. <input type="checkbox"/> Government financing and/or <i>(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)</i></p> <p>B. <input type="checkbox"/> The Exchange Visitor Skills List and/or</p> <p>C. <input type="checkbox"/> PL 94-484, as amended</p>				
<p>TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)</p> <p>*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.</p> <p>(1) Exchange Visitor is in good standing at the present time 01/21/2026</p> <p>Date (mm-dd-yyyy): 01/21/2026 Digitally signed by Mary L Alurwar Date: 2026.01.21 09:56:41 -08'00'</p> <p>Signature of Responsible Officer or Alternate Responsible Officer</p> <p>(2) Exchange Visitor is in good standing at the present time</p> <p>Date (mm-dd-yyyy): _____</p> <p>Signature of Responsible Officer or Alternate Responsible Officer</p>				
<p>Name: _____ Title: _____</p> <p>Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____</p> <p>THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).</p> <p>EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.</p> <p>Xinhang Xu 1133 Olive Dr. Unit 302, Davis, CA 01/27/2026</p> <p>Signature of Applicant _____ Place _____ Date (mm-dd-yyyy) _____</p>				