



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

1. Surname/Primary Name: Xu		Given Name: Xinhang		Gender: MALE		N0035116451 J-1
Date of Birth (mm-dd-yyyy): 06-11-1993		City of Birth: Anhui		Country of Birth: CHINA		
Legal Permanent Residence Country Code: CH		Legal Permanent Residence Country: CHINA		Citizenship Country Code: CH		
Citizenship 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: Amend previous form: program date(s) amended						
3. Form Covers Period:		4. Exchange Visitor Category:				
From (mm-dd-yyyy): 03-10-2024		RESEARCH SCHOLAR				
To (mm-dd-yyyy): 03-09-2026		Subject/Field Code: 14.4701 Subject/Field Code Remarks: Electrical and Computer Engineering				
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 : \$128,960.00 Total : \$128,960.00						

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	Alternate Responsible Officer Title 530-752-8997 Telephone Number 12-21-2023 Date (mm-dd-yyyy)	
	Name of Official Preparing Form S.I.S.S. International Center, 1 Shields Ave. DAVIS, CA 95616		
	Address of Responsible Officer or Alternate Responsible Officer Mary L Alurwar Digitally signed by Mary L Alurwar Date: 2023.12.21 11:32:04 -08'00'		
	Signature of Responsible Officer or Alternate Responsible Officer		

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:

1. ☐ Not subject to the two-year residence requirement.
2. ☒ Subject to two-year residence requirement based on:
- A. ☐ Government financing and/or
- B. ☒ The Exchange Visitor Skills List and/or
- C. ☐ 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)

Joseph R. Mathias
Consular Officer
U.S. Department of State

Name **Joseph R. Mathias** Title **Consular Officer**
Signature of Consular or Immigration Officer **12-29-2023**
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

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

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

96 Jinzhai Ave. Hefei City, Anhui province
Place

12-22-2023
Date (mm-dd-yyyy)