



U.S. Department of State

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

OMB APPROVAL NO.1405-0119
EXPIRES: 10/31/2020
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Surname/Primary Name: xxxxxxsilindi		Given Name: Ahsen Irem		Gender: FEMALE		N0029266215 J-1
Date of Birth (mm-dd-yyyy): xxxxxindxxx		City of Birth: Yenimahalle		Country of Birth: TURKEY		
Citizenship Country Code: TU		Citizenship Country: TURKEY		Position Code: 215		
Legal Permanent Residence Country Code: TU		Legal Permanent Residence Country: TURKEY		Position: UNIVERSITY UNDERGRADUATE STUDENTS		
Primary Site of Activity: Walt Disney World 1851 Community Drive Lake Buena Vista, FL 32830						
2. Program Sponsor: Walt Disney Parks and Resorts, U.S., Inc.						Program Number: P-4-05980
Participating Program Official Description: SUMMER TRAVEL/WORK						
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.						
3. Form Covers Period: From (mm-dd-yyyy): 06-18-2018 To (mm-dd-yyyy): 08-16-2018		4. Exchange Visitor Category: SUMMER TRAVEL/WORK Subject/Field Code: 52.0901 Subject/Field Code Remarks: Food and Beverage Hostess				
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 : \$2,400.00 Personal funds : \$300.00 Total : \$2,700.00						
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. Mickey Boyd Name of Official Preparing Form Immigration Compliance Department 1375 E. Buena Vista Drive, 2N Lake Buena Vista, FL 32830 Signature of Responsible Officer or Alternate Responsible Officer			Alternate Responsible Officer Title 407-828-2858 Telephone Number 04-10-2018 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: 1. <input type="checkbox"/> Not subject to the two-year residence requirement 2. <input type="checkbox"/> Subject to 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 _____ Name _____ Title _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy)			(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT) 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 (e).						
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document. _____ Signature of Applicant _____ Place _____ Date (mm-dd-yyyy)						