



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: Hu		Given Name: Xiaoyue		Gender: FEMALE		N0033874327			
Date of Birth(mm-dd-yyyy): 07-05-1990		City of Birth: Hefei		Country of Birth: CHINA		Citizenship Country Code: CH		Citizenship Country: CHINA	
Legal Permanent Residence Country Code: CH		Legal Permanent Residence Country: CHINA		Position Code: 335		Position: INSTIT/CORP PROFESS.NAL/SCIEN.		J-1	
Primary Site of Activity: Cooperative Institute for Marine and Atmospheric Studies									
4301 RICKENBACKER CSWY									
MIAMI, FL 33149-1026									
2. Program Sponsor: University of Miami						Program Number: P-1-00212			
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; accompanied by number (0) of immediate family members.									
3. Form Covers Period: From (mm-dd-yyyy): 03-06-2023 To (mm-dd-yyyy): 03-05-2024				4. Exchange Visitor Category: RESEARCH SCHOLAR Subject/Field Code: 40.0607 Subject/Field Code Remarks: Conduct research projects on upper ocean variations in Atlantic Ocean and its impacts on					
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 : \$63,000.00 Total : \$63,000.00									
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. Claudia Zitzmann Name of Official Preparing Form 1306 STANFORD DR Whitten University Center, Suite 2275 CORAL GABLES, FL 33146 Address of Responsible Officer or Alternate Responsible Officer Signature of Responsible Officer or Alternate Responsible Officer				Alternate Responsible Officer Title 305-284-2928 Telephone Number 01-05-2023 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 checked="" type="checkbox"/> Subject to two-year residence requirement based on: A. <input type="checkbox"/> Government financing and/or B. <input checked="" type="checkbox"/> The Exchange Visitor Skills List and/or C. <input type="checkbox"/> PL 94-484 as amended Kristian Dorschner Vice Consul Name Signature of Consular or Immigration Officer Title 19 JAN 2023 Date (mm-dd-yyyy)						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. Xiaoyue Hu Signature of Applicant Guangzhou Place 01-11-2023 Date (mm-dd-yyyy)									



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Date of Birth (mm-dd-yyyy): 07-05-1990		City of Birth: Hefei		Country of Birth: CHINA		
Citizenship Country Code: CH		Citizenship Country: CHINA		Position Code: 335		
Legal Permanent Residence Country Code: CH		Legal Permanent Residence Country: CHINA		Position: INSTIT/CORP PROFESS.NAL/SCIEN.		
Primary Site of Activity: Cooperative Institute for Marine and Atmospheric Studies 4301 RICKENBACKER CSWY MIAMI, FL 33149-1026						
2. Program Sponsor: University of Miami						Program Number: P-1-00212
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: OTHER Reprint Form DS-2019 for travel and reentry to U.S.						
3. Form Covers Period: From (mm-dd-yyyy): 05-01-2023 To (mm-dd-yyyy): 04-30-2024		4. Exchange Visitor Category: RESEARCH SCHOLAR Subject/Field Code: 40.0607 Subject/Field Code Remarks: Conduct research projects on upper ocean variations in Atlantic Ocean and its impacts on				
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 : \$63,000.00 Total : \$63,000.00						
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. Claudia Zitzmann Name of Official Preparing Form 1306 STANFORD DR Whitten University Center, Suite 2275 CORAL GABLES, FL 33146 Address of Responsible Officer or Alternate Responsible Officer Signature of Responsible Officer or Alternate Responsible Officer				
		Alternate Responsible Officer Title 305-284-2928 Telephone Number 04-26-2023 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) _____ 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) 04-27-2023 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. Signature of Applicant Place 04-01-2023 Date (mm-dd-yyyy)						