

## SEVIS and 212(e)

When the Form DS-2019 is created in SEVIS, it is automatically marked subject to 212(e) if:

- The exchange visitor’s category is Alien Physician (PL 94-484) or
- The exchange visitor’s program was financed by:
  - A U.S. Government Agency
  - The Exchange Visitor’s Government
  - Current Program Sponsor (for G-1, G-2, and G-3 programs only)

**Financial**

During the period covered by this program, the total estimated financial support (in U.S. dollars) is to be provided to the exchange visitor by:  
 This program sponsor has received funding for international exchange from one or more U.S. Government Agency(ies) to support this exchange visitor.

**U.S. Government Agency(ies) [max of 2]**

Agency: AGENCY FOR INTERNATIONAL DEVE... \$ 10,000

Other Agency:  

Agency: DEPARTMENT OF COMMERCE \$ 10,000

Other Agency:

**Other Funding Resources**

The Binational Commission of the Exchange Visitor's Country: \$  

**The Exchange Visitor's Government:** \$ 10,000

All other organizations providing support:

  \$  

**Current Program Sponsor:** \$ 10,000

Personal funds: \$

**International Organization(s) [max of 2]**

Organization:   \$  

Other Organization:  

Organization:   \$  

Other Organization:

**212(e):**

- Government Financing

Note: SEVIS does not mark Forms DS-2019 as subject to 212(e) based on the [Exchange Visitor Skills List](#).

Once the Form DS-2019 is generated (Initial status), the 212(e) indication cannot be removed:

**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)*

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).**

