













### TEST PROGRAM

Program Number: P-4-10182

#### Financial Information Required fields are marked with an asterisk (\*). Exchange Visitor Information

SEVIS ID:  
 Family Name: **Sevis**  
 First Name: **Test**  
 Suffix:  
 Gender: **MALE**  
 Date of Birth: **01/01/1980**  
 City of Birth: **City**  
 Country of Birth: **JAMAICA ()**  
 Country of Citizenship: **JAMAICA**  
 Country of Legal Permanent Residence: **JAMAICA**  
 Email Address:  
 Status: **DRAFT**  
 Active/Initial Dependent Count: **0**  
 Program Number: **P-4-10182**  
 Program Sponsor: **TEST PROGRAM**  
 Position: **100 - CATEGORY - GOVERNMENT**  
 Category: **TRAINEE (NON-SPECIALTY)**  
 Occupational Category:  
 Subject/Field Description: **Animal Health**  
 Subject/Field Remarks: **Test**  
 Initial Program Begin Date:  
 IAP-66 Number:  
 Program Begin Date: **08/01/2008**  
 Program End Date: **09/01/2008**  
 Reinstatement Program Begin Date:  
 Previous Program End Date:  
 Visa Type: **J-1**  
 Passport Number:  
 Visa Foil Number:  
 Visa Issue Date:  
 Visa Issue Post:  
 Port of Entry:  
 Date of Entry:  
 I-94/Admission Number:  
 Port of Departure:  
 Date of Departure:

**25. 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:**

Current Program Sponsor: \$

\* This program sponsor  received funding for international exchange from one or more U.S. Government Agency(ies) to support this exchange visitor. If any U.S. Government Agency(ies) provided funding, indicate the Agency(ies) by code below.

**\* 26. Financial support from organizations other than the sponsor will be provided by one or more of the following:**

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

\$

If **OTHER** is selected, enter the name of the Organization or Agency below.

\$

If **OTHER** is selected, enter the name of the Organization or Agency below.

International Organization(s): [max of 2]

\$

If **OTHER** is selected, enter the name of the Organization or Agency below.

\$

If **OTHER** is Selected, enter the name of the Organization or Agency Below.

The Exchange Visitor's Government:

\$

The Binational Commission of the Exchange Visitor's Country:

\$

All other organizations providing support:

\$

Enter names of other organizations below.

Personal funds:

\$