



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 07-31-2011
ESTIMATED BURDEN TIME: 45 min
\*See Page 2

1. Family Name: JATMIKA, First Name: Herka, Middle Name: Maya, Gender: MALE, N0007016211
Date of Birth: 01-01-1982, City of Birth: Bantul, Country of Birth: INDONESIA, Citizenship Country: INDONESIA
Legal Permanent Residence Country Code: ID, Legal Permanent Residence Country: INDONESIA, Position Code: 219, Position: UNIVERSITY, OTHER
Primary Site of Activity: 501 20th Street, Greeley, CO 80639
2. Program Sponsor: University of Northern Colorado, Exchange Visitor Program Number: P-1-03948
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; 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 05-30-2010 To 06-13-2010
4. Exchange Visitor Category: SHORT-TERM SCHOLAR, Subject/Field Code: 36.0108, Subject/Field Code Remarks: Will assist with research in the area of Sport Exercise Science.
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: universitas Negeri Yogyakarta : \$8,000.00 Total : \$8,000.00



6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).
7. Rick Hoines-Brumback, Alternate Responsible Officer, Title, 501 20th Street, Greeley, CO 80639, Address of Responsible Officer or Alternate Responsible Officer, Signature of Responsible Officer or Alternate Responsible Officer, Telephone Number 970-351-2405, Date (mm-dd-yyyy) 03-25-2010

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.

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
Signature of Applicant: YOSTIKA N P A, Place, Date (mm-dd-yyyy) March 26, 2010