

Republic of the Philippines EXCHANGE VISITORS PROGRAM COMMITTEE Manila, Philippines

APPLICATION FOR STATEMENT OF "NO-OBJECTION" TO WAIVE THE TWO-YEAR HOME-COUNTRY RESIDENCY REQUIREMENT FOR EXCHANGE VISITOR PROGRAM (EVP) PARTICIPANTS

WAIVER REVIEW FILE NO. NOTE: PI		RITE LEGIBLY. PLEASE DO /A IF NOT APPLICABLE. U				
NAME	LAST	FIRST	MIDDLE	PLACE OF E	SEX BIRTH	
PASSPORT NO.	DAY MON	YEAR DATE OF ISSU	JE			PLACE OF ISSUE
CIVIL STATUS NAME OF SPOUSE	LAST	FIRST	MAIDEN	NAME (If N	1arried)	
CHILDREN (if any):	AME		TE OF BIRTH			PLACE OF BIRTH
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IMMEDIATE RELATIVE NAME ADDRESS				RELATIONS TEL. NO./N	SHIP	
PREVIOUS EMPLOYE NAME ADDRESS		THE PHILIPPINES:	<u> </u>	DATE RES		
VOCATIONAL COLLEGE MA/M.S. PH.D.	NAME OF SCHO	OOL	DEGREE/	PROGRAM		YEAR GRADUATED

HOW WAS YOUR PROGRAM FINANCED? () GOVERNMENT FINANCED (Specify) () FINANCED BY A PRIVATE/NON-GOVERNMENT ORG () PERSONALLY FINANCED	ANIZATION (Specify)	
DATE AND PLACE OF ENTRY IN THE US		
LIST OF EXCHANGE VISITOR PROGRAM/S PARTICIPATED	PROGRAM NUMBER	INCLUSIVE DATES
REASONS FOR THE REQUEST FOR A "NO OBJECTION" OR WAIN	'ER STATEMENT (Please enclose su	upporting documents)
LUNDERSTAND THAT ALL ADDITIONS ARE DELIBEDAT	ED LIDON BY WEWBEDS OF THE E	YCHANGE VISITOR PROGRAM (EVA)
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