



U.S. Department of State
ANNUAL REPORT
J-1 Exchange Visitor Program

OMB Approval No. 1405-0151
 Expires: 01/31/2015
 Estimate Burden: 2 Hours

Responsible Officer Linda Aupair
Sponsoring Organization Hansel University
Address 9765 Valley Drive
Nottingham, VT 20001

Program Number P-1-01131
Reporting Period 07/01/2011 - 06/30/2012
 Include This Information on Any Attachments

STATISTICAL REPORT

1. Activity by Category			2. Reconciliation of Forms DS-2019	
Category	Total Number of Records Created in Each Category to begin a New Program		Use of Forms DS-2019 During the Reporting Period	
	J - 1	J - 2	Number of Forms DS-2019	
1. GOVERNMENT VISITOR	0		A. Allotment Carried Over from Previous Reporting Period	74
2. INTERNATIONAL VISITOR	0		B. Allotment Received from DOS During Reporting Period	0
3. PROFESSOR	0		C. Number of Records Available During the Reporting Period (Add A + B)	74
4. RESEARCH SCHOLAR	0		D. Number of Records DS-2019 Created During the Reporting Period	3
5. SHORT-TERM SCHOLAR	0		E. Total Number of Invalid Records	0
6. STUDENT ASSOCIATE	0		F. Remaining Records Available at End of Reporting Period (C - D - E)	71
7. STUDENT BACHELORS	2		3. Record Statuses	
8. STUDENT DOCTORATE	0		A. Active Records	6
9. STUDENT INTERN	0		B. Inactive Records	15
10. STUDENT MASTERS	0		C. No Show Records	9
11. STUDENT NON-DEGREE	0		D. Terminated Records	0
Total Number of Records	3	0	E. Initial Records	0
			F. Invalid Records	8
			G. Transferred Records	22

Paperwork Reduction Act (PRA) Statement

Public reporting burden for this collection of information is estimated to average two hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.

PROGRAM EVALUATION *

A core mission of the Exchange Visitor Program is to promote mutual understanding between people of the United States and other countries through educational and cultural exchanges. Comments and assessments from you help us present the success of our shared mission of exchange to Congress, interested government agencies, and International agencies and organizations. Please provide brief responses to the following questions.

1. Provide a brief summary of the activities in which exchange visitors were engaged, including an evaluation of program effectiveness. What new directions, trends, or significant changes have occurred in your program during the report period? Are you planning to implement any new initiatives in the upcoming year?
2. Describe the nature and extent of reciprocity occurring in the sponsor's exchange visitor program during the reporting year. If none, state: none.
3. Provide a summary of the cross-cultural activities provided for its exchange visitors during the reporting year.
4. What difficulties are you having that are working against the quality and quantity of exchanges in your program and in the broader Exchange Visitor Program?
Examples: Credible employers, job availability, wages, housing, Consular Official/Visa issues, etc.
5. Identify the number of staff (*full and part time*) used in the administration of your exchange visitor program.
Examples: Private sector entities should include, local and regional representatives, independent contractors, third parties, foreign agents.
6. Other comments.

* Type a brief narrative for these questions (see 22 CFR 62.15, Annual Reports, for details.) Include the Program Sponsor and Reporting Period (see the upper-right section of page 1 of the Annual Report) of the program. Save the report as a PDF file. The SEVIS-processed report and submitted information to the system will be available.

Sample Report

DECLARATION

I certify that the information in this report is complete and correct to the best of my knowledge and belief, and that the above named program sponsor has complied with all health and accident insurance requirements for exchange visitors and any accompanying spouse and their dependents [22 CFR §62.14].

Linda Aupair

Name of Responsible Officer (*Printed or Typed*)

Signature of Responsible Officer (*Signed*)

Date (*mm-dd-yyyy*)

SEVIS Run Date: Tue May 14 12:25:34 EDT 2013

