



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: PLEASE TYPE OR WRITE LEGIBLY. PLEASE DO NOT LEAVE ANY BLANKS OR QUESTIONS UNANSWERED.
WRITE N/A IF NOT APPLICABLE. USE ADDITIONAL PAPERS IF NECESSARY.

NAME _____ SEX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
LAST FIRST MIDDLE
DAY MON YEAR

PASSPORT NO. _____ DATE OF ISSUE _____ PLACE OF ISSUE _____

CIVIL STATUS _____ MAIDEN NAME (If Married) _____
NAME OF SPOUSE _____ CITIZENSHIP _____
LAST FIRST MIDDLE

CHILDREN (if any):

NAME	DATE OF BIRTH	PLACE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHIL. ADDRESS _____ TEL. NO. _____
US ADDRESS _____ TEL. NO. _____
FAX NO. _____

IMMEDIATE RELATIVES IN THE PHILIPPINES:

NAME _____ RELATIONSHIP _____
ADDRESS _____ TEL. NO./MOBILE _____

PREVIOUS EMPLOYER / COMPANY IN THE PHILIPPINES PRIOR TO PARTICIPATION IN THE EVP:

NAME _____
ADDRESS _____ DATE RESIGNED / _____
END OF CONTRACT _____

EDUCATIONAL ATTAINMENT:

	NAME OF SCHOOL	DEGREE/PROGRAM	YEAR GRADUATED
VOCATIONAL	_____	_____	_____
COLLEGE	_____	_____	_____
MA/M.S.	_____	_____	_____
PH.D.	_____	_____	_____

HOW WAS YOUR PROGRAM FINANCED?

- GOVERNMENT FINANCED (Specify) _____
- FINANCED BY A PRIVATE/NON-GOVERNMENT ORGANIZATION (Specify) _____
- PERSONALLY FINANCED _____

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 WAIVER STATEMENT (Please enclose supporting documents)

I UNDERSTAND THAT ALL APPLICATIONS ARE DELIBERATED UPON BY MEMBERS OF THE EXCHANGE VISITOR PROGRAM (EVP) COMMITTEE BASED ON A SET OF GUIDELINES. I AM AWARE THAT PAYMENT OF PROCESSING FEE AND SUBMISSION OF COMPLETE DOCUMENTS DO NOT GUARANTEE THE APPROVAL OF THE WAIVER REQUEST.

I HEREBY DECLARE UNDER PENALTIES OF PERJURY THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PLACE AND DATE COMPLETED

SIGNATURE OVER PRINTED NAME

APPLICANT'S PRESENT ADDRESS:

PERSONAL EMAIL ADDRESS:

BUSINESS EMAIL ADDRESS:

NOTE:

1. This application form should be completed in three copies, along with other documentary requirements: (1 original, 2 photocopies)
2. All foreign-issued documents submitted must be authenticated by the Philippine Embassy or Consulate that has jurisdiction over the place where the issuing authority is located.
3. Documents issued in the Philippines must be original.