

Appendix D to Part 62—Annual Report—Exchange Visitor Program Services (GC/V), Department of State, Washington, DC 20547, (202–401–7964)

Exchange Visitor Program No. ____ Reporting Period ____ Provide Range of Forms IAP–66 Documents Covered by this Report (____ - ____).

(a) STATISTICAL REPORT

(1) ACTIVITY BY CATEGORY

	<i>Number</i>
Professor	_____
Research Scholar	_____
Short-term Scholar	_____
Trainee	_____
Student (College and University)	_____
Student (Practical Trainee)	_____
Teacher	_____
Student (Secondary)	_____
Specialists	_____
Physicians	_____
International Visitors	_____
Government Visitors	_____
Camp Counselors	_____
Total	_____
(2) Forms IAP–66 Reconciliation	
(i) Number of Forms IAP–66 voided or otherwise not used by participant _____	
(ii) Number of Forms IAP–66 issued for dependents _____	
(iii) Number of Forms IAP–66 currently on hand _____	

(b) PROGRAM EVALUATION

On a separate sheet, please provide a brief narrative report on program activity, difficulties encountered and their resolution, program transfers, anticipated growth and

the proposed new activity, cross-cultural activities, as well as the reciprocal component of the program.

I, The Responsible Officer of the program indicated above, certify that we have complied with the insurance requirement (22 CFR 514.14). I also certify that the information contained in this report is complete and correct to the best of my knowledge and belief.

Responsible Officer (signed)

Date _____

Name and address of sponsoring institution