




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

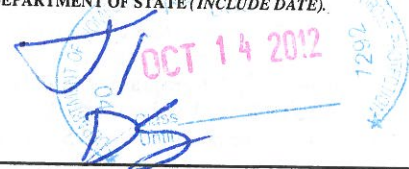
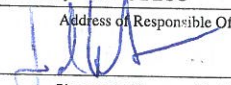
OMB APPROVAL NO.1405-0119

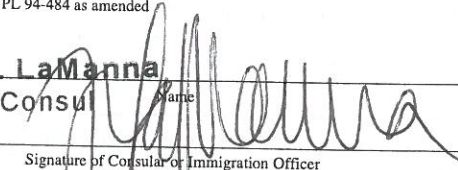

07/31/2014

ESTIMATED BURDEN TIME: 45 min

*See Page 2

1. Family Name: Resende da Maia		First Name: Anabela	Middle Name: Maria	Gender: FEMALE	N0009101947 J-1 
Date of Birth(mm-dd-yyyy): 09-30-1981	City of Birth: Coimbra	Country of Birth: PORTUGAL	Citizenship Country Code: PO	Citizenship Country: PORTUGAL	
Legal Permanent Residence Country Code: PO		Legal Permanent Residence Country: PORTUGAL	Position Code: 213	Position: UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS	
Primary Site of Activity: School of Arts and Sciences Biology Medford, MA 02155					
2. Program Sponsor: Tufts University, International Center				Exchange Visitor Program Number: P-1-00829	
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 (mm-dd-yyyy): 11-01-2012 To (mm-dd-yyyy): 10-01-2013		4. Exchange Visitor Category: RESEARCH SCHOLAR Subject/Field Code: 26.0101 Subject/Field Code Remarks: Will conduct research in Biology			
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: Current Program Sponsor funds : \$45,000.00 Total : \$45,000.00					

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).  OCT 14 2012	7. Jodi Hanelt Name of Official Preparing Form 20 Sawyer Avenue Medford, MA 02155 Address of Responsible Officer or Alternate Responsible Officer  Signature of Responsible Officer or Alternate Responsible Officer	Alternate Responsible Officer Title 617-627-3458 Telephone Number 04-06-2012 Date (mm-dd-yyyy)
	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.	

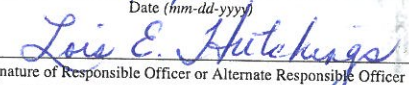
Signature of Responsible Officer or Alternate Responsible Officer		Date(mm-dd-yyyy) of Signature
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).		
The Exchange Visitor in the above program:		
1. <input checked="" type="checkbox"/> Not subject to the two-year residence requirement.		
2. <input type="checkbox"/> Subject to two-year residence requirement based on:		
(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)		
A. <input type="checkbox"/> Government financing and/or		
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or		
C. <input type="checkbox"/> PL 94-484 as amended		
Nancy E. LaManna Vice Consul  Signature of Consular or Immigration Officer		Title 06.19.2012 Date (mm-dd-yyyy)
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).		
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.		
 Signature of Applicant		Lisboa Place 06-19-2012 Date (mm-dd-yyyy)

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

12/5/12
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