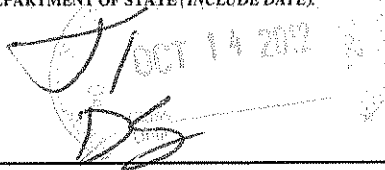
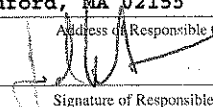




CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

1. Family Name: Resende da Maia		First Name: Anabela		Middle Name: Maria		Gender: FEMALE		N0009101947	
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 Description: 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).  10/14/2012		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

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. ☒ Not subject to the two-year residence requirement.

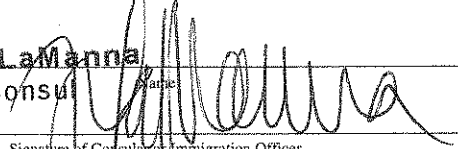
2. ☐ Subject to two-year residence requirement based on:

A. ☐ Government financing and/or

B. ☐ The Exchange Visitor Skills List and/or

C. ☐ PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

Nancy E. LaManna
Vice Consul

Signature of Consular or Immigration Officer

06-18-2012
Date (mm-dd-yyyy)

THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212(e).

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)


Lois E. Hutchings
Signature of Responsible Officer or Alternate Responsible Officer

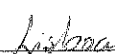
(2) Exchange Visitor is in good standing at the present time

Date (mm-dd-yyyy)

Signature of Responsible Officer or Alternate Responsible Officer

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.


Signature of Applicant


Place

06-19-2012
Date (mm-dd-yyyy)

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consulate or Immigration Official.

1. I understand that the following conditions are applicable to exchange visitors:

(a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for 2 years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill that is in short supply in their home country (*these skills appear on the "Exchange Visitor Skills List"*) they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) Extension of Stay/Program Transfers: A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) Limitation of Stay: **STUDENTS** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS** - 3 years; **PROFESSORS** and **RESEARCH SCHOLARS** - 5 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR** - up to 4 months; **SUMMER WORK/TRAVEL** - up to 4 months; **AU PAIR** - 1 year; **INTERN** - up to 12 months.

(d) Documentation Required for Admission/Readmission as an Exchange Visitor: To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS-2019 (with 2-D barcode), which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (*e.g., obtain a new visa*) under duration of the program as indicated by the dates on this form (*see item 3 on page 1 of this form*).

(e) Change of Visa Status: Exchange visitors (*and dependents*) are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government (A) or an international organization (G) or member of the family or attendant of either of these types of officials or employees.

(f) Insurance: Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: (1) medical benefits of at least U.S. \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of U.S. \$7,500; and (3) expenses associated with medical evacuation in the amount of U.S. \$10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer or Alternate Responsible Officer (*see item 7 on page 1 of this form*).

2. EXCHANGE VISITOR CERTIFICATION: I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended (22 CFR Part 62). I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer or Alternate Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (Embassy) to secure an exchange visitor (J-1, J-2) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/ISS/DIR, Washington, D.C. 20520.

Student and Exchange Visitor Program: SEVIS I-901 Fee

Confirmation

OMB 1553-0034 (Expires 1/31/2015)

Please print this page immediately for your records.

Reference the confirmation number below on all inquiries related to your I-901 status. You will receive an I-797 hard copy receipt at the address you provided. You may be required to produce this receipt on your I-797 for visa issuance, admission to any United States port of entry, for any change of non-immigrant status, or other United States immigration benefits.

When you go to the Consulate for your visa, you should bring this receipt or your I-797 to prove you have paid the SEVIS fee.

This credit card transaction will appear on your bill as "US DHS SEVIS 202-305-2346."

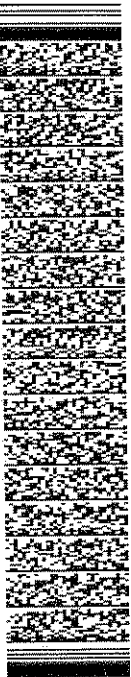
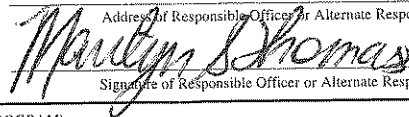
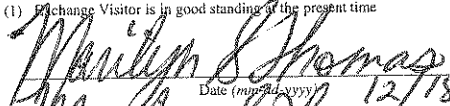

U.S. Department of Justice

Department of Homeland Security Notice of Action

THE UNITED STATES OF AMERICA	
RECEIPT NUMBER: (Confirmation Number): CCC1225593314	CASE TYPE: I-901 Fee Remittance Form for F-1, F-3, M-1, M-3 and J-1 Non-Immigrants.
RECEIVED DATE: Jun 11, 2012	APPLICANT: ANABELA MARIA RESENDE DA MAIA
NOTICE DATE: Jun 11, 2012	PAGE: 1 of 1
NAME AND ADDRESS: ANABELA MARIA RESENDE DA MAIA RUA JOLY BRAGA SANTOS LOTE G 4 DTO LISBOA PORTUGAL 1600-123	NOTICE TYPE: Receipt Notice
ANABELA MARIA RESENDE DA MAIA This fee payment is valid ONLY for your particular course of study or program. If you fall out of status, apply for a new F-1, F-3, M-1, M-3, or J-1 non-immigrant visa, or if you want to change your non-immigrant category to an F-1, F-3, M-1, M-3 or J-1, you may be required to pay another fee. APPLICANT STATUS: J-1 DATE OF BIRTH: 09/30/1981 EXCHANGE VISITOR PROGRAM CODE: P100829 AMOUNT RECEIVED: \$180.00 SEVIS IDENTIFICATION NUMBER: N0009101947 Your I-901 fee transmittal form has been received. Please notify us immediately if any of the above information is incorrect. THIS ELECTRONIC RECEIPT MAY BE USED AS EVIDENCE OF PAYMENT. IN ADDITION, YOUR OFFICIAL I-797 RECEIPT NOTICE WILL BE DELIVERED TO THE ABOVE ADDRESS BY THE RECEIPT DELIVERY METHOD YOU SELECTED.	
I-901 Student/Exchange Visitor Processing Fee P.O. Box 970020 St. Louis, MO 63197-0020 Customer Service Telephone: 785-330-1048 This form issued by U.S. Immigration and Customs Enforcement	



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

1. Family Name: Resende da Maia		First Name: Anabela	Middle Name: Maria	Gender: FEMALE	N0009101947
Date of Birth (mm-dd-yyyy): 09-30-1981	City of Birth: Coimbra	Country of Birth: PORTUGAL	Citizenship Country Code: PO	Citizenship Country: PORTUGAL	J-1 
Legal Permanent Residence Country Code: PO	Legal Permanent Residence Country: PORTUGAL	Position Code: 213	Position: UNIVERSITY TEACHING STAFF INCLUDING R		
Primary Site of Activity: Eastern Illinois University 600 Lincoln Avenue Charleston, IL 61920					
2. Program Sponsor: Eastern Illinois University Program Number: P-1-03532					
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: Extend an on-going program					
3. Form Covers Period:		4. Exchange Visitor Category: RESEARCH SCHOLAR			
From (mm-dd-yyyy): 11-01-2012		Subject/Field Code: 26.0101 Subject/Field Code Remarks: will conduct research in Biology			
To (mm-dd-yyyy): 09-30-2014					
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 : \$60,003.00 Total : \$60,003.00					
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).		7. Marilyn Thomas		Alternate Responsible Officer	
		Name of Official Preparing Form		Title	
		600 Lincoln Avenue Charleston, IL 61920		217-581-2322	
		Address of Responsible Officer or Alternate Responsible Officer		Telephone Number	
				08-15-2013	
		Signature of Responsible Officer or Alternate Responsible Officer		Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): 08-15-2013 Transfer of this exchange visitor from program number P-1-00829 sponsored by Tufts University, International Center 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. Immigration Specialist Curry, Sarah Signature of Responsible Officer or Alternate Responsible Officer Date (mm-dd-yyyy) of Signature					
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).			TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)		
The Exchange Visitor in the above program:			*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.		
1. <input type="checkbox"/> Not subject to the two-year residence requirement.			(1) Exchange Visitor is in good standing at the present time		
2. <input type="checkbox"/> Subject to two-year residence requirement based on:			 Date (mm-dd-yyyy) 12/18/2013		
A. <input type="checkbox"/> Government financing and/or			Signature of Responsible Officer or Alternate Responsible Officer		
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or			(e) Exchange Visitor is in good standing at the present time		
C. <input type="checkbox"/> PL 94-484 as amended			Date (mm-dd-yyyy)		
Name			Title		
Signature of Consular or Immigration Officer			Signature of Responsible Officer or Alternate Responsible Officer		
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			Charleston, IL Place		08/15/2013 Date (mm-dd-yyyy)

INSTRUCTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

Read this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consular Immigration Official.

1. I understand that the following conditions are applicable to exchange visitors:

(a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for 2 years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill that is in short supply in their home country (*these skills appear on the "Exchange Visitor Skills List"*) they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) Extension of Stay/Program Transfers: A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) Limitation of Stay: STUDENTS - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS** - 3 years; **PROFESSORS** and **RESEARCH SCHOLARS** - 5 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR** - up to 4 months; **SUMMER WORK/TRAVEL** - up to 4 months; **AU PAIR** - 1 year; **INTERN** - up to 12 months.

(d) Documentation Required for Admission/Readmission as an Exchange Visitor: To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS-2019 (with 2-D barcode), which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (e.g., obtain a new visa) under duration of the program as indicated by the dates on this form (see item 3 on page 1 of this form).

(e) Change of Visa Status: Exchange visitors (and dependents) are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official of employee of a foreign government (A) or an international organization (G) or member of the family or attendant of either of these types of officials or employees.

(f) Insurance: Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: (1) medical benefits of at least U.S. \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of U.S. \$7,500; and (3) expenses associated with medical evacuation in the amount of U.S. \$10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer or Alternate Responsible Officer (see item 7 on page 1 of this form).

2. EXCHANGE VISITOR CERTIFICATION: I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended (22 CFR Part 62). I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer or Alternate Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

***EXCEPT:** Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (Embassy) to secure an exchange visitor (J-1, J-2) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/ISS/DIR, Washington, D.C. 20520.

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

07/31/2014
ESTIMATED BURDEN TIME: 45 min
*See Page 2

Family Name: Resende da Maia		First Name: Anabela		Middle Name: Maria		Gender: FEMALE		N0009101947	
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 R			
Primary Site of Activity: Eastern Illinois University 600 Lincoln Avenue Charleston, IL 61920									
2. Program Sponsor: Eastern Illinois University						Program Number: P-1-03532			
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: Extend an on-going program									
3. Form Covers Period:				4. Exchange Visitor Category:					
From (mm-dd-yyyy): 11-01-2012				PROFESSOR					
To (mm-dd-yyyy): 11-01-2017				Subject/Field Code: 26.0101		Subject/Field Code Remarks: teaching in the Department of Biological Sciences			
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 : \$60,003.00 Total : \$60,003.00									
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)				7. Marilyn Thomas				Alternate Responsible Officer	
				Name of Official Preparing Form				Title	
				600 Lincoln Avenue Charleston, IL 61920				217-581-2322	
				Address of Responsible Officer or Alternate Responsible Officer				Telephone Number	
				Signature of Responsible Officer or Alternate Responsible Officer				Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): 08-15-2013 Transfer of this exchange visitor from program number P-1-00829 sponsored by Tufts University, International Center 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. Immigration Specialist Curry, Sarah Signature of Responsible Officer or Alternate Responsible Officer _____ Date (mm-dd-yyyy) of Signature _____									
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).						TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)			
The Exchange Visitor in the above program:						*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.			
1. <input checked="" type="checkbox"/> Not subject to the two-year residence requirement.						(1) Exchange Visitor is in good standing at the present time			
2. <input type="checkbox"/> Subject to two-year residence requirement based on:						(2) Exchange Visitor is in good standing at the present time			
A. <input type="checkbox"/> Government financing and/or						5/14/14 Date (mm-dd-yyyy)			
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or						Marilyn Thomas Signature of Responsible Officer or Alternate Responsible Officer			
C. <input type="checkbox"/> PL 94-484 as amended						4/29/15 Date (mm-dd-yyyy)			
 Name: John O. Kinder Title: Consul Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) 6/2/2014						 Signature of Responsible Officer or Alternate Responsible Officer _____			
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (c).									
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.									
 Signature of Applicant _____						Charleston, IL Place _____ 5/14/14 Date (mm-dd-yyyy)			

ACTIONS FOR AND CERTIFICATION BY THE ALIEN BENEFICIARY NAMED ON PAGE 1 OF THIS FORM:

On this page and sign the Exchange Visitor Certification block on the bottom of page 1 and prior to presentation to a United States Consular Immigration Official.

1. I understand that the following conditions are applicable to exchange visitors:

(a) TWO-YEAR HOME-COUNTRY PHYSICAL PRESENCE REQUIREMENT (SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED):

RULE: Exchange visitors whose programs are financed in whole or in part, directly or indirectly by either their government or by the U.S. Government, are required to reside in their home-country for 2 years following completion of their program before they are eligible for immigrant status, temporary worker (H) status, or intracompany transferee (L) status. Likewise, if exchange visitors are acquiring a skill that is in short supply in their home country (*these skills appear on the "Exchange Visitor Skills List"*) they will be subject to the same two-year home-country residence requirement. The requirement also is applicable to alien physicians entering the United States to receive graduate medical education or training. The U.S. Department of State reserves the right to make the final determination regarding 212(e).

NOTE: MARRIAGE TO A U.S. CITIZEN OR LEGAL PERMANENT RESIDENT, OR BIRTH OF A CHILD IN THE UNITED STATES DOES NOT REMOVE THIS REQUIREMENT.

(b) Extension of Stay/Program Transfers: A completed Form DS-2019 is required in order to apply for a program extension or program transfer, and must be obtained from or with the assistance of the sponsor.

(c) Limitation of Stay: **STUDENTS** - as long as they pursue a full course of study towards a degree, or if engaged full-time in a non-degree program, up to 24 months. Students for whom the sponsor recommends academic training may be permitted to remain for an additional period of up to 18 months after receiving their degree or certificate; post-doctoral academic training may be approved by the sponsor for a period not to exceed 36 months; **SECONDARY STUDENTS** - up to 1 academic year; **TRAINEES** - 18 months; **FLIGHT TRAINEES** - 24 months; **TEACHERS** - 3 years; **PROFESSORS** and **RESEARCH SCHOLARS** - 5 years; **SHORT-TERM SCHOLARS** - 6 months; **SPECIALISTS** - 1 year; **INTERNATIONAL VISITORS** - 1 year; **ALIEN PHYSICIAN** - the time typically required to complete the medical specialty involved but limited to 7 years with the possibility of extension if approved by the U.S. Department of State; **GOVERNMENT VISITOR** - up to 18 months; **CAMP COUNSELOR** - up to 4 months; **SUMMER WORK/TRAVEL** - up to 4 months; **AU PAIR** - 1 year; **INTERN** - up to 12 months.

(d) Documentation Required for Admission/Readmission as an Exchange Visitor: To be eligible for admission to the United States, an exchange visitor must present the following at the port of entry: (1) a valid nonimmigrant visa, unless exempt from nonimmigrant visa requirements; (2) a passport valid for 6 months beyond the anticipated period of admission, unless exempt from passport requirements; (3) a properly executed Form DS-2019 (with 2-D barcode), which must be retained by the exchange visitor for readmission within the period of previously authorized stay. Exchange visitors are permitted to travel abroad and maintain status (e.g., obtain a new visa) under duration of the program as indicated by the dates on this form (see item 3 on page 1 of this form).

(e) Change of Visa Status: Exchange visitors (and dependents) are expected to leave the United States upon completion of their program objective. Exchange visitors who are subject to the two-year home-country physical presence requirement are not eligible to change their status while in the United States to any other nonimmigrant category except, if applicable, that of official or employee of a foreign government(A) or an international organization(G) or member of the family or attendant of either of these types of officials or employees.

(f) Insurance: Exchange visitors are required to have medical insurance in effect for themselves and any accompanying spouse and minor children on J visas for the duration of their exchange program. At a minimum, insurance coverage shall include: (1) medical benefits of at least U.S. \$50,000 per person per accident or illness; (2) repatriation of remains in the amount of U.S. \$7,500; and (3) expenses associated with medical evacuation in the amount of U.S. \$10,000. A policy secured to fulfill the insurance requirements shall not have a deductible that exceeds U.S. \$500 per accident or illness, and must meet other standards specified in the Exchange Visitor Program regulations, 22 CFR Part 62.14. For details, consult your program's Responsible Officer or Alternate Responsible Officer (see item 7 on page 1 of this form).

2. EXCHANGE VISITOR CERTIFICATION: I have read and understand the foregoing, including the Two-Year Home-Country Physical Presence Requirement, and agree to comply with the Exchange Visitor Program regulations, as amended (22 CFR Part 62). I certify that all the information on the Form DS-2019 is true and correct to the best of my knowledge. I agree that I will maintain compliance with the insurance regulations as specified in 22 CFR 62.14, including maintaining health insurance coverage for myself and my J-2 dependents throughout my J-1 program. **I understand that it is my responsibility to maintain my exchange visitor status.** For the purposes of 20 U.S.C. 1232g and 22 CFR 62, I authorize the U.S. Department of State-designated sponsor and any educational institution named on the Form DS-2019 to release information to the U.S. Department of State relating to compliance with Exchange Visitor Program regulations.

NOTICE TO ALL EXCHANGE VISITORS

To facilitate your readmission to the United States after a visit in another country other than a contiguous territory or adjacent islands, you should have the Responsible Officer or Alternate Responsible Officer of your sponsoring organization indicate on the TRAVEL VALIDATION BY RESPONSIBLE OFFICER or Alternate Responsible Officer section of the Form DS-2019 that you continue to be in good standing.

The signature of the Responsible Officer or the Alternate Responsible Officer on the Form DS-2019 is valid for up to one year* or until the end date in item 3 on page 1 of this Form, or to the validation date authorized by the Responsible Officer, whichever occurs sooner.

***EXCEPT:** Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.

* Under the Mutual Educational and Cultural Exchange Act of 1961, as amended, the U.S. Department of State has been delegated the authority to designate Exchange Visitor Programs for U.S. Government agencies, and for public and private educational and cultural exchange organizations. The information is used by Exchange Visitor Program sponsors to appropriately identify an individual seeking to enter the United States as an exchange visitor. The completed form is sent to the prospective exchange visitor abroad, who takes it to the U.S. Consulate (Embassy) to secure an exchange visitor (J-1, J-2) visa. Responses are mandatory. An Agency or organization may not conduct or sponsor, and the respondent is not required to respond to a collection of information unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of State, A/ISS/DIR, Washington, D.C. 20520.

Student and Exchange Visitor Program: SEVIS I-901 Payment Confirmation

OMB 1653-0034 (Expires 1/31/2015)

Please print the Payment Confirmation for your records. Reference the confirmation number CCC1225593314 on all inquiries related to your I-901 status. You may be required to produce your payment confirmation for your visa issuance, admission to any United States port of entry, for any change of non-immigrant status, or other United States immigration benefits.

When you go to the Consulate for your visa, you should bring your payment confirmation to prove you have paid the SEVIS fee. If you paid by credit card, this transaction will appear on your credit card bill as "US STUDENT & EV I901 FEE 800-375-5283 VT"

Department of Homeland Security

U.S. Immigration and Customs Enforcement

Notice of Action

UNITED STATES OF AMERICA**CONFIRMATION NUMBER:**

CCC1225593314

CASE TYPE:

I-901 Fee Remittance Form for F-1, F-3, M-1, M-3 and J-1 Non-Immigrants.

PAYMENT DATE:

Jun 11, 2012

APPLICANT:

ANABELA MARIA RESENDE DA MAIA

NAME AND ADDRESS:

ANABELA MARIA RESENDE DA MAIA
RUA JOLY BRAGA SANTOS
LOTE G
4 DTO
LISBOA
PORTUGAL
1600-123

NOTICE TYPE:

Receipt Notice

ANABELA MARIA RESENDE DA MAIA

Your Form I-901 Application and Fee have been received. Please notify us immediately if any of the above information is incorrect.

This fee payment is valid only for your particular course of study or program. If you fall out of status, apply for a new F-1, F-3, M-1, M-3 or J-1 Non-immigrant visa, or if you want to change your Non-immigrant category to an F-1, F-3, M-1, M-3 or J-1, you may be required to pay another fee.

APPLICANT STATUS: J-1**DATE OF BIRTH:** Sep 30, 1981**PROGRAM NUMBER:** P100829**EXCHANGE VISITOR CATEGORY:** RESEARCH SCHOLAR**AMOUNT RECEIVED:** \$180.00**SEVIS IDENTIFICATION NUMBER:** N0009101947**THIS ELECTRONIC RECEIPT SHALL BE USED AS EVIDENCE OF PAYMENT**

I-901 Student/Exchange Visitor Processing Fee

P.O. Box 970020

St. Louis, MO 63197-0020

Customer Service Telephone 703-603-3400