

KEEP THIS PAGE FOR YOUR RECORDS

Packet Assembly Checklist - J-1 Visa Waiver Recommendation Application

Use this checklist to organize the pages in the J Visa Waiver Recommendation Application packet

Case Number: **1022193**
Applicant Name: **Anabela Maria Resende da Maia**
Applicant DOB: **09/30/1981**
Applicant POB: **PORTUGAL**
Waiver Basis: **IGA (Other)**

Check that the exchange visitor's case number and country/region of last residence is written on any documentation submitted, as well as on the outside envelope of ALL future correspondence with the Waiver Review office.

Packet 1. Destination: Department of State, St. Louis, MO

Please assemble packet in this order:

(Items with a * have been generated in PDF format)

- _____ Application fee: Follow the detailed instruction on DS-3035, page 1
- _____ Waiver Review Division Barcode Page *: Accompanies the DS-3035
- _____ Form DS-3035, pages 1,2 and 3 *: Follow the detailed mailing instructions on page 1. The applicant must sign on line 21. If the form is being prepared by an attorney, the attorney needs to sign on line 9.
- _____ Supplementary Applicant Information pages *: Accompanies the DS-3035
- _____ Copy of the data page of the EV's current passport containing name and birth date
- _____ Copies of all forms DS-2019 or IAP-66 form
- _____ Statement of Reason *
- _____ G-28
- _____ Self addressed, stamped envelope
- _____ Additional items as indicated by the applicant
Other
- _____ ***** Be sure to sign Form DS-3035, line 21 *****

Packet 2. Destination: Interested Government Agency

- _____ Third Party Barcode Page *: Follow detailed instructions on the page.

The Waiver Review Division will forward a recommendation directly to the United States Citizenship and Immigration Services (USCIS).

IMPORTANT NOTE: Once the Waiver Review Division forwards a waiver recommendation to the USCIS, the case is considered closed at the Department of State. Any further action on the case falls under the jurisdiction of the USCIS. To follow-up on the waiver recommendation, please contact the USCIS Service Center.

DO NOT SEND THIS PAGE. KEEP THIS PAGE FOR YOUR RECORDS

Waiver Review Division Barcode Page

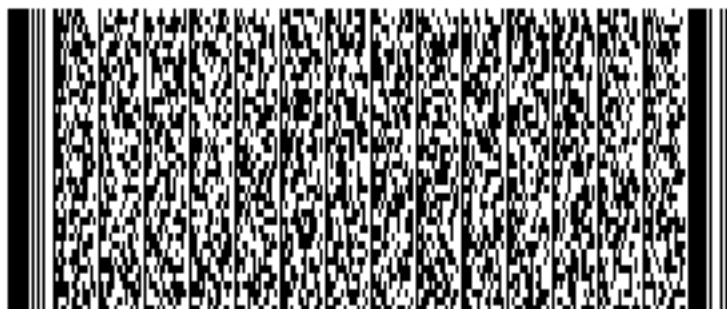
1022193, Resende da Maia, Anabela Maria, 09/30/1981, POB:
PORTUGAL, IGA (Other)

1.



20130712183917104

2.



20130712183917204

3.



20130712183917304

U. S. Department of State

J-1 VISA WAIVER RECOMMENDATION APPLICATION INSTRUCTIONS

Keep this page for your records

Complete the following two pages of this form and send them, along with the fee and supporting documentation listed below, to:

**U.S. Department of State
Waiver Review Division
P.O. Box 952137
St. Louis, MO 63195-2137**

PLEASE DO NOT STAPLE ANY DOCUMENTS

PLEASE AVOID TWO-SIDED DOCUMENTS AND ONLY USE 8 1/2" X 11" PAPER

Supporting documents and fee:

1. Application fee of \$215 PER J-1 APPLICANT. Please send a cashier's check or money order in U.S. currency drawn on a U.S. bank, made payable to THE U.S. DEPARTMENT OF STATE. Include your name, date and place of birth on whatever form of payment you submit. DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON:
2. Any additional pages needed to full respond to the questions in this form;
3. A statement demonstrating why the exchange visitor is eligible to receive a waiver of the two-year home country requirement of the exchange visitor program. The length of the statement may vary;
4. Copies of all DS-2019 "Exchange Visitor Program Certificate Of Eligibility For Exchange Visitor (J-1) Status" (formerly IAP-66) forms;
5. Notice of Entry of Appearance as Attorney or Representative (G-28 form), if the exchange visitor is represented by an attorney;
6. Copy of the data page of the exchange visitor's current passport containing name and birth date.
7. Two self-addressed, stamped envelopes.

Once your application has been processed, you will receive your case number and further instructions on how to proceed. Please do not call to verify that the application has arrived. Current processing times are listed on the U.S. Department of State web site, www.travel.state.gov.

Paperwork Reduction Act (PRA) Statement

Public reporting burden for this collection of information is estimated to average 1 hour 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/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.



U.S. Department of State
J-1 VISA WAIVER RECOMMENDATION APPLICATION

OMB No. 1405-0135
DS-3035
VERSION No. 07-2008
EXPIRATION DATE 08/31/2014
ESTIMATED BURDEN 1 Hour

TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED. YOU MAY APPEND ADDITIONAL PAGES IN ORDER TO FULLY RESPOND TO THE QUESTIONS						
1. Title <input checked="" type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Surname (As in Passport) Resende da Maia				
Given Names (As in Passport, First & Middle) Anabela Maria				Maiden Name (if any)		
Please indicate any other names that you are, or have been, known by. These can include aliases, previous married names, religious names, professional names, etc.						
Other Surname(s) Maia DaMaia				Other Given Name(s)		
2. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		3. Date of Birth (mmm-dd-yyyy) SEP-30-1981				
4. Country/Region Information (As shown on your most recent DS-2019/formerly IAP-66)						
City of Birth Coimbra		Place of Birth PORTUGAL		Country/Region of Origin (Nationality) PORTUGAL		Country/Region of Legal Permanent Residence PORTUGAL
5. I am requesting a recommendation for a waiver of the 212(e) requirement based on: (check only one) <input type="checkbox"/> Exceptional Hardship <input type="checkbox"/> Persecution <input type="checkbox"/> Interested Government Agency (Physician) <input checked="" type="checkbox"/> Interested Government Agency (non-physician) <input type="checkbox"/> State Health Agency Request <input type="checkbox"/> No Objection Statement						
6. Did your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization? Yes						
7. Current address of exchange visitor						
Street 12 Cameron Ave Unit 4		City Somerville		State/Province MASSACHUSETTS		Zip/Postal Code 02144
Home Phone 857-756-0873		Business Phone 617-627-0325		Fax		Email Address anabela.maia@tufts.edu
8. Last U.S. city and state, if not currently living in U.S.:						
City Somerville				State MASSACHUSETTS		
9. Are you represented by an attorney or other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please enter the following information about his attorney or organization)						
Attorney, Representative, and/or Organization Name Monique Kornfeld / Law Office						
Street 100 Wells Ave., First Floor				City Newton		State MASSACHUSETTS
Business Phone/Ext. 617-323-5049/				Fax 617-323-2503		Email Address mkornfeld@mhkimmigration.com
If this form is being prepared by an attorney, the attorney must sign here:						
10. Mailing address of exchange visitor (If different from your current or attorney address)						
Street		City		State/Province		Zip/Postal Code
						Country/Region (if not U.S.)
11. I request that all correspondence, including my recommendation, be sent to my: (check only ONE) <input type="checkbox"/> Current Address (Line 7) <input checked="" type="checkbox"/> Attorney Address (Line 9) <input type="checkbox"/> Mailing Address (Line 10)						
12. List all exchange visitor programs in which you participated, beginning with the first program						
SEVIS Number	Program Number	Purpose of the Form	Begin Date (mmm-dd-yyyy)	End Date (mmm-dd-yyyy)	Subject/Field Code	Funding Amount
N0009101947	P-1-00829	New Prog	NOV-01-2012	OCT-01-2013	26.0101	\$45000.00
N0003685776	G-1-00001	Prog Ext/Cont	SEP-04-2006	AUG-31-2011	26.0101	\$184910.00
N0003685776	G-1-00001	Prog Ext/Cont	SEP-04-2006	SEP-15-2010	26.0101	\$163679.00
N0003685776	P-1-00001	Prog Ext/Cont	SEP-04-2006	MAY-12-2009	26.0101	\$102417.00
N0003685776	P-1-00001	Prog Ext/Cont	SEP-04-2006	MAY-12-2008	26.0101	\$67965.00

13. Is there any period of time in the U.S. that is not covered by your form DS-2019/formerly IAP-66? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes please explain below)</i> Yes, prior to 2006 I had done two internships in the US (4 months in 2003 and 3 months in 2006) and visited the US for vacation and conferences. ... See Supplementary Applicant Information Page for Complete Explanation				
14. Does this application include any J-2 dependents? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes please enter information about these J-2 dependents below)</i>				
Surname	Given name	Date of Birth <i>(mmm-dd-yyyy)</i>	Place of Birth	Relationship
15. Is your spouse in J-1 status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, he or she must apply separately for a waiver)</i>				
16. If your spouse has applied for a waiver, please enter information about his/her J waiver case below:				
Surname	Given name	Date of Birth <i>(mmm-dd-yyyy)</i>	Place of Birth	J Waiver Case Number
17. Date and place of first entry into the U.S. on your original exchange visitor (J-1) visa. Entry information should refer to the first time the J-1 visa was used to enter the U.S. If the EV changed to J-1 visa status while already in the U.S., enter the date of status change, control number and issuing post of that first J-1 visa.				
Date <i>(mmm-dd-yyyy)</i> AUG-14-2006	Port of Entry EWR	State of Entry NEW JERSEY		Issuing Post LISBON
18. Alien Registration Number, if any: A _____		19. I-94 Number: <u>27350525727</u>		
20. If you have ever applied for a J visa waiver recommendation or advisory opinion, please enter your most recent case number: _____				
21. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a waiver recommendation.				
Signature of Exchange Visitor: _____ Date <i>(mmm-dd-yyyy)</i> <u>JUL-12-2013</u>				

DO NOT WRITE BELOW THIS SPACE - FOR OFFICE USE ONLY			
Case No: 1022193	Date Rec.:	Fee Paid:	G-28:

Supplementary Applicant Information Page (1 of 2)

Case Number: 1022193
Request Type: IGA (Other)

Applicant Information

Title: Dr.
Surname (Last): Resende da Maia
Given Name (First/Middle): Anabela Maria
Maiden Name:
Gender: female
Date of Birth: 09/30/1981
City of Birth: Coimbra
Place of Birth: PORTUGAL
Country/Region of Origin (Nationality): PORTUGAL
Country/Region of Legal Permanent Residence: PORTUGAL
Alien Registration Number:
I-94 Departure Number: 27350525727

Other Names (Aliases)

	Given Name (First/Middle)	Surname (Last)
Other Name 1:		Maia
Other Name 2:		DaMaia
Other Name 3:		

Contact Information

Current	Mailing	Mailing Preference: () Mailing Address () Current Address <input checked="" type="checkbox"/> Attorney Address
Address 1: 12 Cameron Ave		
Address 2: Unit 4		
Address 3:		Most Recent City/State:
City: Somerville		Somerville, MASSACHUSETTS
Province:		
State: MASSACHUSETTS		
Country/Region: UNITED STATES OF AMERICA		
Zip Code: 02144		
Postal Code:		

Phone Number(s)

Location	Number	Extension	Type
U.S.	(857)756-0873	-	Home
U.S.	(617)627-0325	-	Business
			Fax

Email Information

Email Address: anabela.maia@tufts.edu

Attorney Information

Law Firm or Organization Name: Law Office
Name of Attorney or Representative: Monique Kornfeld
Address 1: 100 Wells Ave., First Floor
Address 2:
Address 3:
City: Newton
State: MASSACHUSETTS
Zip Code: 02459-3210
Phone: 617-323-5049 Extension:
Fax: 617-323-2503
Email Address: mkornfeld@mhkimmigration.com

Important: Make sure to include this page with your DS-3035

Supplementary Applicant Information Page (2 of 2)

Case Number: 1022193
Name: Dr. Anabela Maria Resende da Maia
Request Type: IGA (Other)

Visa History

Entry Date of First J-1 Visa: 08/14/2006
Entry Port of First J-1 Visa: EWR
Entry State of First J-1 Visa: NEW JERSEY
Issuing Post of First J-1 Visa: LISBON

Program Information

<u>SEVIS ID</u>	<u>Program Number</u>	<u>Purpose</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Subject Field Code</u>	<u>Funding Amount</u>
N0009101947	P-1-00829	New Program	11/01/2012	10/01/2013	26.0101	\$45000.00
N0003685776	G-1-00001	Program Extension/Continuation	09/04/2006	08/31/2011	26.0101	\$184910.00
N0003685776	G-1-00001	Program Extension/Continuation	09/04/2006	09/15/2010	26.0101	\$163679.00
N0003685776	P-1-00001	Program Extension/Continuation	09/04/2006	05/12/2009	26.0101	\$102417.00
N0003685776	P-1-00001	Program Extension/Continuation	09/04/2006	05/12/2008	26.0101	\$67965.00
N0003685776	P-1-00001	New Program	09/04/2006	07/04/2007	26.0101	\$35092.00

Dependent Information

<u>Given Name</u>	<u>Surname</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Relationship</u>	<u>Status</u>
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Spouse Case Number:

Explanation for any period of time in the U.S. not covered DS-2019 or IAP-66 form.

Yes, prior to 2006 I had done two internships in the US (4 months in 2003 and 3 months in 2006) and visited the US for vacation and conferences.

Important: Make sure to include this page with your DS-3035

STATEMENT OF REASON

RE: 1022193, Resende da Maia, Anabela Maria, 09/30/1981, POB: PORTUGAL

July 12, 2013

I am currently a postdoctoral researcher in biology working at Tufts University on a J1 visa, which is not subject to the two-year foreign residence requirement of INA Â§. I completed my PhD in Biological Sciences at the University of Rhode Island where I studied shark locomotion. My previous J1 visa started on 8/11/2006 and ended in 9/1/2011 and I am subject to the two-year home residency requirement through this J-1 program. I am requesting a waiver of the two-year home residence requirement in order to join the Department of Biology at Eastern Illinois University on the basis of an Interested Government Agency, and the Department of Defense in particular.

I have conducted significant and pioneering research in the field of fish biology and biomechanics, which is of vital importance to the Department of Defense and the public interest of the US. I have a substantial record of achievement in my field, as noted by my 17 publications in peer-reviewed journals and a book chapter, over 20 papers presented at scientific conferences, serving as a reviewer of peer-reviewed journals, multiple awards and fellowships and being cited internationally in prestigious scientific journals. My doctoral dissertation focused on the spiny dogfish and the bamboo shark and how their body morphology influences swimming performance in terms of kinematics, muscle activity and fluid dynamics. The fluid dynamics chapter was a collaboration with Dr. George Lauder at Harvard University, a worldwide leader in fish robotics. My findings contradicted the standing theories that shark dorsal fins are passive structures that aid only in stability and were recognized with the best dissertation in a STEM area distinction. Upon graduating, I was a visiting fellow at the University of Gent working on the seahorse tail as a bioinspired design. There I also collaborated with engineers on solid models and 3D reconstructions and I was recently invited back as an external reviewer for the dissertation defense of Dr. Tomas Praet in the Biomedical Engineering Department. Currently, I am working on the effects of turbine-generated turbulence on fish swimming at Tufts University where I have been awarded an American Philosophical Society Research Grant.

My research is of interest to the Department of Defense, the Office of Naval Research and the Army Research Office. These offices have a long history of funding interdisciplinary research that leads to technological advances. Bioinspired designs are a hot topic and have contributed to many of the recent advances in aeronautics and naval construction where simplified biological concepts are used to solve critical problems and improve performance. This field yields the potential to push the barriers of the current technology in terms of speed, acceleration, drag reduction and maneuverability. My area of expertise in fish locomotion, especially shark locomotion, and my proficiency in 3D kinematics, electromyography, respirometry, particle image velocimetry, fluid dynamics, modeling, anatomy, morphometrics, material testing and electronics make me unique in my field. In particular, my research is of interest to the Department of Defense in that it directly improves the existing technology for underwater vehicles and even aeronautics.

My research will be conducted in the setting of Eastern Illinois University, a University with strong ties to the Department of Defense through the ROTC program, the services it provides to veterans and Department of Defense research REU programs. My research program at Eastern Illinois University will put the University on the map in the fields of biomechanics, biomimetics and bioinspiration.

More specifically I plan on studying how fish maneuver in confined spaces, which has potential applications to bioinspired robots, autonomous underwater vehicles and remote operated vehicles in order to enhance maneuverability without compromising steady swimming propulsion. I will also study boundary layer conditions and flow entrainment near complex fish surfaces. Using my toolbox I will be able to produce prototypes incorporating biomimetic structures and test these in swim tunnels. My experience with diverse flow regimes and the development of innovative small electronics for real time data acquisition using SMT 3-axis accelerometers will enable accurate measurements, thus advancing the field and showcasing my multidisciplinary.

What makes me unique and invaluable to Eastern Illinois University is my experience as a Human Anatomy instructor, which I will use to teach Human Anatomy and Human Physiology to pre-health professionals including pre-medical students under the U. S. Army HPSP. Also, I have a rare combination of expertise in performing innovative research that uses state of the art technology and research that links solutions in nature to technological applications. Finally, I have a passion for engaging STEM students, preparing them to think creatively and innovatively.

Important: Make sure to include this page with your DS-3035

THIRD PARTY BARCODE PAGE

Case Number: 1022193
Applicant Name: Anabela Maria Resende da Maia
Applicant DOB: 09/30/1981
Applicant POB: PORTUGAL
Waiver Basis: IGA (Other)



20130712183917404

TO THE INTERESTED GOVERNMENT AGENCY SPONSORING THE EXCHANGE VISITOR:

- 1) Please return this page (the Third Party Barcode Page) and the documents listed below to the Department of State at the address below:

U.S Department of State
CA/VO/L/W, Visa Services
2401 E Street, NW, (SA-1)
Washington, DC 20522-0106

All exchange visitors being sponsored by an IGA, non-physicians and physicians, require the following:

- 2) A letter from the IGA-designated official that explains why it is in the U.S. public interest that the exchange visitor remains in the U.S. and why it would be detrimental to the agency if the exchange visitor is required to return home to fulfill the two year residence requirement. The letter must include the exchange visitor's full name and country/region of last legal permanent residence.
- 3) Please print the waiver applicant's case file number on both the statement and on the LOWER RIGHT of the envelope. Not including this information could result in correspondence being misrouted and may delay the processing of the application.

Supplementary documentation required if the exchange visitor is a physician:

- 4) A statement signed by the head of the facility at which the exchange visitor will be employed stating that the facility is located in a designated HPSP or MUA area and provides medical care to both Medicaid and Medicare eligible patients, and indigent uninsured patients. The statement should also include the Federal Information Processing Standards county code and census tract or block numbering area number (assigned by the Bureau of Census) or the 9-digit zip code of the area where the facility is located.
- 5) A signed employment contract between the facility and the physician to provide full time patient care for at least three years, signed by the physician and the head of the facility. (For VA hospitals ONLY, include a memorandum of agreement between the physician and the hospital in lieu of a three-year contract.)
- 6) Evidence that unsuccessful efforts were made to recruit an American physician for the position (i.e. medical journal advertisements, labor certifications, cover letters stating that efforts to recruit an American physician have been unsuccessful, etc.)
- 7) The physician's curriculum vitae.
- 8) The following signed and dated statement: I, Anabela Maria Resende da Maia hereby declare and certify, under penalty of the provisions of 18 USC, 1101, that: (1) I have sought or obtained the cooperation of _____ (the name of the U.S. Government Agency which will submit/is submitting an IGA request on behalf of the exchange visitor to obtain a waiver of the two-year home residence requirement); and (2) I do not now have pending, nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.