

## U.S. Department of State

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

OMB APPROVAL NO.1405-0119
EXPIRES: 07-31-2011
ESTIMATED BURDEN TIME: 45 min
\*See Page 2

					See Page 2	
1. Family Name:	First Name:		Middle Name:	Gender: FEMALE		
Date of Birth/mm-dd-yyyv): City of Birth: 12-02-1990 London	Country of Birt UNIT	th: TED KINGDOM	Citizenship Country Code: UK	Citizenship Country: UNITED KINGDOM	J-1	
Legal Permanent Residence Country Code: Legal Perma UK UNITED KI		Position Code 215		NDERGRADUATE STUDENTS		
Primary Site of Activity: 1 Campus Drive	AGDOM		ONIVERDIII O	DENOISE BIODENIS	-	
Allendale, MI 494	01				_	
2. Program Sponsor: Grand Valley State University				Exchange Visitor Program Number: P-1-04719		
Participating Program Official Description: PROFESSOR; SHORT-TERM SCHOLAR; INTERN; STUDENT MASTERS; STUDEN		IATE; STUDENT B.	ACHELORS; STUDENT	DOCTORATE; STUDENT		
Purpose of this form: Begin new program;	accompanied by	y number (0) of	immediate family	members.		
Form Covers Period: 4. Exchange Visitor Category:						
From (mm-dd-yyyy): 08-22-2011	STUDENT BACHELORS					
To (mm-dd-yyyy): 04-28-2012	Subject/Field Code: 52.9999		marks: L participate in e	exchange between GVSU		
5. During the period covered by this form, the total estima Current Program Sponsor funds: \$9,088.0 Personal funds: \$7,500.00 Total: \$16,588.00		U.S. 5) is to be provided to the	he exchange visitor by:			
6. U.S. DEPARTMENT OF STATE / DHS USE OR CERT RESPONSIBLE OFFICERUM (AUTERNATE RESPO	NSIBLE OFFICER	7. Katherine Sto	etzner	Res	ponsible Officer	
THAT A NOTULE ATTON COME DE THIS FORM HA	S BEEN PROVIDED		Name of Official Preparing For	m	Title	
18		1 Campus Drive Allendale, MI			616-331-3898	
( AUG & O 2111 E			Responsible Officer or Alternate R	esponsible Officer	Telephone Number	
AUG 2 0 2011 55				05-12-2011		
Until Ok		Signature of	Responsible Officer or Alternate F	Responsible Officer	Date: (mm-dd-vvyv)	
8. Statement of Responsible Officer for Releasing Sponso Effective date(mm-dd-yyyy): to the program specified in item 2 is necessary or highly de	. Transfer of this exch	nange visitor from pyogram ni	mber mual Educational and Cultural Exc	sponsored by shange 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).				TRAVEL VALIDATION BY RESPONSIBLE OFFICER (Maximum validation period is 1 year*)		
The Exchange Visitor in the above program:  1. Not subject to the two-year residence requirement.					*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work Travel.	
2. 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)				(1) Exchange Visitor is in good stands	ng at the present time	
Government financing and/or      The Exchange Visitor Skills List and/or				Date (m	Date (mm-dd-yyyy)	
C PL 94-484 as amended				Signature of Responsible Officer or Alternate Responsible Officer  (2) Exchange Visitor is in good standing at the present time		
Vice Consul				Date (mm-dd-vyyy)		
Signature of Consular or Immigration	on Officer		Date (mm-dd-yyyy)			
THE U.S. DEPARTMENT OF STATE RESERV	VES THE RIGHT TO MA	KE FINAL DETERMINAT	TON REGARDING 212 (e).	Signature of Responsible Officer	or Alternate Responsible Officer	
EXCHANGE VISITOR CERTIFICATION: 1	have read and agree with	h the statement in item 2 d	on page 2 of this document.			
Signature of Applican	nt		Place		Date (mm-dd-vyyy)	