



U.S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO.1405-0119
 09/30/2017
 ESTIMATED BURDEN TIME: 45 min
 *See Page 2

1. Surname/Primary Name: _____ Given Name: _____ Gender: FEMALE		J-1
Date of Birth (mm-dd-yyyy): _____ City of Birth: _____ Country of Birth: _____ Citizenship Country Code: _____ Citizenship Country: _____		
Legal Permanent Residence Country Code: _____ Legal Permanent Residence Country: _____ Position Code: 213 Position: UNIVERSITY TEACHING STAFF INCLUDING R		
Primary Site of Activity: Duke University The Literature Program 1316 Campus Drive, Box 90670 Durham, NC 27708		
2. Program Sponsor: _____ Medical Center, and Health System Program Number: _____		
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE		
Purpose of this form: Updated Form DS-2019 or Name Conversion		
3. Form Covers Period: From (mm-dd-yyyy): 10-31-2015 To (mm-dd-yyyy): 10-31-2016	4. Exchange Visitor Category: RESEARCH SCHOLAR Subject/Field Code: 24.0199 Subject/Field Code Remarks: Conduct research on gender theory, and the comparison of western feminism and Chinese fem	
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: _____ : \$15,000.00 Personal funds : \$60,404.00 Total : \$75,404.00		
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. Samantha Franklin _____ Name of Official Preparing Form Director, Duke Visa Services Smith Warehouse: Bay 7-1st Flr, 114 S. Buchanan Blvd Address of Responsible Officer or Alternate Responsible Officer Durham, NC 27708 _____ _____ Signature of Responsible Officer or Alternate Responsible Officer	
	Alternate Responsible Officer _____ Title 919-681-8472 Telephone Number 01-15-2016 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 type="checkbox"/> Not subject to the two-year residence requirement. 2. <input type="checkbox"/> Subject to two-year residence requirement based on: 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 _____ Name _____ Title _____ _____ Signature of Consular or Immigration Officer _____ Date (mm-dd-yyyy) _____		TRAVEL VALIDATION BY RESPONSIBLE OFFICER <i>(Maximum validation period is 1 year*)</i> *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 _____ 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
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 _____ Place _____ Date (mm-dd-yyyy) _____		