



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

1. Surname/Primary Name: Mouse		Given Name: Minnie	Gender: FEMALE	1 N0000000000	
Date of Birth (mm-dd-yyyy): 11-18-1928	City of Birth: Paris	Country of Birth: FRANCE	Citizenship Country Code: FR	Citizenship Country: FRANCE	
Legal Permanent Residence Country Code: FR		Legal Permanent Residence Country: FRANCE	Position Code: 214	Position: UNIVERSITY GRADUATE STUDENTS	
Primary Site of Activity: University of Illinois 610 East John Street CHAMPAIGN, IL 61820					
2. Program Sponsor: University of Illinois at Urbana-Champaign					
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: Amend a previous form: Academic Training Updated					
3. Form Covers Period: From (mm-dd-yyyy): 08-15-2018 To (mm-dd-yyyy): 05-30-2026		4. Exchange Visitor Category: STUDENT DOCTORATE			
		Subject/Field Code: 42.0101	Subject/Field Code Remarks: Psychology, General		
5. During the period covered by this form, the total estimated financial support is to be provided to the exchange visitor by: Academic Training					
Current Program Sponsor funds : \$216,995.00 Google : \$202,500.00 Personal funds : \$46,410.00 Total : \$465,905.00					
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. Pika Chu Name of Official Preparing Form International Student & Scholar Services 610 East John Street Champaign, IL 61820 Signature of Responsible Officer or Alternate Responsible Officer		Alternate Responsible Officer Title 217-333-1303 Telephone Number 05-15-2023 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) _____			10 (ALL USAID PARTICIPANTS G-2-00263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-04510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)		
THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).			11 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 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		
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) _____					

