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 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(a) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-834, 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 in the case of the skill shortage. Regarding 212(a),

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 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 - up to 24 months; TEACHERS - up to 3 years; PROFESSORS and RESEARCH SCHOLARS - up to 5 years; SHORT-TERM SCHOLARS - up to 6 months; SPECIALISTS - up to 1 year; INTERNATIONAL VISITORS - up to 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/TRADE - up to 4 months; AU PAIR - up to 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 J-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 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. $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. 1222g 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 in order 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

1. Family Name: [Redacted]  
   First Name: [Redacted]  
   Middle Name: [Redacted]  
   Gender: MALE  
   Position Code: 215  
   Country of Birth: UNITED KINGDOM  
   Citizenship Country Code: UNITED KINGDOM  
   Primary Site of Activity: 21000 W Ten Mile Rd  
                          Southfield, MI 48075  

2. Program Sponsor: Lawrence Technological University  
   Exchange Visitor Program Number: P-1-05966  
   Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERNS; STUDENT MASTERS; STUDENT NON-DEGREE

3. Form Covers Period: From 08-31-2011 To 05-15-2012  
4. Exchange Visitor Category: STUDENT NON-DEGREE  
   SubjectField Code: 14.1901  

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:  
   Personal Funds: $12,000.00  
   Total: $12,000.00


7. Jane Rohrbach  
   Name of Official Preparing Form:  
   Address of Responsible Officer or Alternate Responsible Officer: 21000 West Ten Mile Road  
                          Southfield, MI 48075  
   Telephone Number: 248-204-3177  
   Date: 06-13-2011  
   Title:  
   Signature of Responsible Officer or Alternate Responsible Officer: [Signature]

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)  
   Effective Date: [Date]  
   Transfer of this exchange visitor from program number 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: [Signature]  
   Date/Time of Signature: [Date/Time]

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(a) OF THE IMMIGRATION AND NATIONALITY ACT AND P.L. 94-484, AS AMENDED. [See Item 10 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. [ ] P.L. 94-484 as amended

Ariel Vagen  
Vice Consul  
Signature of Consular or Immigration Officer:  
Date: 22 JUL 2011

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

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

Signature of Applicant: [Signature]  
Place: [Place]

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: [Date]
   Signature of Responsible Officer or Alternate Responsible Officer: [Signature]

2. Exchange Visitor is in good standing at the present time  
   Date: [Date]
   Signature of Responsible Officer or Alternate Responsible Officer: [Signature]