



U.S. Department of State

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

OMB APPROVAL NO.1408-0119
09/30/2017
ESTIMATED BURDEN TIME: 45 min
*See Page 2

1. Surname/Primary Name: Diakite		Given Name: Melina Sanou Helene		Gender: FEMALE		N0015353883	
Date of Birth (mm-dd-yyyy): [REDACTED]		City of Birth: Toulouse		Country of Birth: FRANCE		Citizenship Country Code: FR	
Legal Permanent Residence Country Code: FR		Legal Permanent Residence Country: FRANCE		Passport Code: 214		Position: UNIVERSITY GRADUATE STUDENTS	
Primary Site of Activity: AIFS		[REDACTED]					
2. Program Sponsor: American Institute For Foreign Study dba Au Pair in America				Program Number: P-3-05214			
Participating Program Official Description: AU PAIR							
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.							
3. Form Covers Period:		4. Exchange Visitor Category:					
From (mm-dd-yyyy): 11-02-2015		AU PAIR					
To (mm-dd-yyyy): 11-02-2016		Subject/Field Code: 19.0709		Subject/Field Code Remark: None			
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:							
Current Program Sponsor funds : \$8,445.00							
AIFS : \$2,283.00							
Total : \$10,728.00							



6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER/ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE)	7. Sarah Friedman		Alternate Responsible Officer
	[REDACTED] Issuing Form		[REDACTED] Title
	[REDACTED] Alternate Responsible Officer		[REDACTED] Telephone Number
	[REDACTED] Signature of Responsible Officer or Alternate Responsible Officer		10-14-2015
			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 102(a) 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. 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. PL 94-484 is amended

CALL USAID PARTICIPANTS G-140061 AND ALL ALIEN PHYSICIANS SPONSORED BY P-1-8518 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT

13 OCT. 2015
12 OCT. 2015

Nicole C. Bayer
Vice-Consul
U.S. Embassy Paris
Signature of Consul or Immigration Officer

Date (mm-dd-yyyy)

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 _____

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

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

[REDACTED]

10/21/2015
Date (mm-dd-yyyy)