## U.S. DEPARTMENT OF HOME ND SECURITY U.S. CITIZENSHIP & IMMIGRATION SERVICES CALIFORNIA SERVICE CENTER

## REQUEST FOR U.S. DEPARTMENT OF STATE RECOMMENDATION SECTION 212(e) WAIVER

c.

| DATE:                          |  |
|--------------------------------|--|
| TO                             | FROM   |
| Waiver Review Division         | Director, California Service Center              |
| U.S. Department of State       | United States Citizenship & Immigration Services |
| L-601-SA-1-CA-VO-L-W-Room L603 | P.O. Box 30111                                   |
| 2401 E Street, NW              | Laguna Niguel, CA 92607-0111                     |
| Washington, D.C. 20522-0106    | Attn: I-751 Section / I-612 Unit                 |

Attached is an application for waiver of the two-year foreign residence requirement of section 212(e) of the Immigration and Nationality Act, as amended.

| • ,   | DOS Case Number:         |                          |                                 |  |  |  |
|---|--------------------------|--------------------------|---------------------------------|--|--|--|
| Name of Applicant   |                          | Nationality              | Date and Class of Admission     |  |  |  |
|   |                          | Turkmenistan             |                                 |  |  |  |
| The applicant's spouse and children are: NONE   |                          |                          |                                 |  |  |  |
| Name(s)   | Relationship<br>Spouse   | Nationality<br>USC       | Date and Class of Admission N/A |  |  |  |
|   |                          |                          |                                 |  |  |  |
| Applicant's participation in an exchange program was financed in whole or in part, directly or indirectly, by an agency of the government of the United States or by the government of the country of his nationality or last residence.  |                          |                          |                                 |  |  |  |
| [ ] Applicant was at the time of admission or acquisition of exchange visitor status a national or resident of a country which the Secretary of State has designated as clearly requiring the services of persons engaged in the field of specialized knowledge or skill in which the applicant was engaged.              |                          |                          |                                 |  |  |  |
| Applicant came to the United States on or after January 10, 1977, as an exchange visitor, or acquired such status on or after that date, in order to receive graduate medical education or training.  |                          |                          |                                 |  |  |  |
| An agency of the Government of the U.S., or the government of the country of my nationality or last foreign residence gave me a grant (such as a Fulbright grant), stipend or allowance for the purpose of participation in an exchange program. Name of U.S. Government agency or foreign country: U.S. State Department |                          |                          |                                 |  |  |  |
| It has been determined that:  |                          |                          |                                 |  |  |  |
| [ ] compliance with the foreign residence requirement would impose exceptional hardship on the applicant's U.S. citizen or lawful permanent resident spouse or child, or  |                          |                          |                                 |  |  |  |
| [X] the applicant cannot return to the country of his/her nationality or last foreign residence because he/she would be subject to persecution on account of race, religion, or political opinion.  |                          |                          |                                 |  |  |  |
| [ ] The USCIS acting as interested Govt. Agency is requesting   | ng a waiver in behalf of | the J-2 spouse or child. | Director:                       |  |  |  |
| Initials for Recommendation to Department of State:   |                          |                          |                                 |  |  |  |
| ISO: AR SISO: Section Chief:  |                          |                          |                                 |  |  |  |

| FOR USE BY U.S. DEPARTMENT OF STATE, WAIVER REVIEW DIVISION |           |                      |                 |  |  |
|---|-----------|----------------------|-----------------|--|--|
| Granted.  |           |                      |                 |  |  |
|   |           |                      | a/ /            |  |  |
|   | Signature | Waiver Officer Title | 9/27/13<br>Date |  |  |