



Name: \_\_\_\_\_  
Last (Family Name) First (Given Name) Middle

U.S. Home Address (if applicable): \_\_\_\_\_

Home Country Address: \_\_\_\_\_

Current Visa Status/Type (if in the U.S.): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone # with area code \_\_\_\_\_

Highest Degree Received: \_\_\_\_\_ Degree Field of Study: \_\_\_\_\_

Dept. Sponsor: Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Academic Department: \_\_\_\_\_

If you are currently in F-1 status, please provide your EAD end date (mm/dd/yyyy): \_\_\_\_\_

Have you ever held J-1 or J-2 visa status in the U.S.? No Yes

If yes, give dates of all previous periods in J-1 and/or J-2 status: \_\_\_\_\_

Have you been or are you now subject to the two-year home-residency requirement? No Yes

If yes, submit evidence that you are no longer subject to the two-year residency requirement (copy of I-612 waiver or evidence that you have met the two-year physical presence requirement). Submit copies of all DS-2019 forms and copies of visa stamps for all previous periods in J-1/J-2 status.

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City, Province of Birth: \_\_\_\_\_

Passport issued by (country): \_\_\_\_\_ Passport Number: \_\_\_\_\_

Passport Issue Date (mm/dd/yyyy): \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Date of Last Entry to U.S. (mm/dd/yyyy): \_\_\_\_\_ I-94 Number (if in U.S.): \_\_\_\_\_

If you have a U.S. Social Security Number, please list it: \_\_\_\_\_

If you are in the U.S., dates of intended travel within the next 6 months: \_\_\_\_\_

List the city and country of the U.S. embassy/consulate abroad where you will apply for the H-1B visa. This information is required even if you are in the U.S. and applying for a change of status:

City: \_\_\_\_\_ Country: \_\_\_\_\_

Complete the following section if you have ever before been in H1-B status:

Employer's Name and Address	Start and End Dates of Employment (use mm/dd/yyyy format)	Start and End Dates of H-1B status (use mm/dd/yyyy format)	Title on LCA
(Example) XYZ University University Address City, State Zip Code	1/20/2014 to 12/31/2016	1/01/2014 to 11/30/2016	Assistant Professor

Have you ever been denied H-1B classification? No    Yes (explain):

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Are you in [removal proceedings](#)? No    Yes

Have you ever used a different legal name in the past? If so, please provide past name(s) here:

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### Dependents

If your dependents are included in this application and are residing in the U.S. in another immigration status, provide the following information and include copies of their passports, visas, and I-94 cards:

Complete Name	Date of Birth (mm/dd/yyyy)	Relationship

### Certification Statement: I certify that the information contained herein is true to the best of my knowledge.

Further, with my signature, I certify that copies of documents submitted for the purpose of attaining an H-1B classification are exact photocopies of unaltered original documents. I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services or to the U.S. Consulate at a later date.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY