

Name: _____
Last (Family Name) First (Given Name) Middle

U.S. Home Address (if applicable): _____

Home Country Address: _____
(Be sure to include postal code.)

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

Email Address: _____ Telephone # with area code _____

Highest Degree Received: _____ Degree Field of Study: _____

MSU Supervisor: 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 or extension of status:

City: _____ Country: _____

Complete the following section if you have ever before been in H (except H-4) or L (except L-2) status:

| Employer's Name and Address | Start and End Dates of Employment in the U.S. (mm/dd/yyyy format) | Start and End Dates of H and/or L status (mm/dd/yyyy format) | Title on Labor Condition Application (LCA) |
|--|--|---|--|
| (Example) XYZ University University Address City, State Zip Code | (Example) 1/20/2020 to 12/31/2022 | (Example) 09/01/2019 to 12/31/2022) | (Example) Assistant Professor |
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Have you ever been denied H-1B or L-1 classification? No Yes (explain):

Are you a citizen/permanent resident of any country besides those you listed on p. 1? No Yes (explain):

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:

Dependents

If your dependents are included in this application and are residing in the U.S. in H-4 status or 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 |
|---------------|----------------------------|--------------|
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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/extending 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