



Section I: Visitor Information

LAST/FAMILY NAME _____ First/Given Name _____ Middle _____

Date of Birth (MM/DD/YYYY) _____ Email Address _____

U.S. Residential Address: Street _____ City _____ State _____ Zip Code _____

Telephone Numbers: Home _____ Cell _____ Work _____ Fax _____

Gender: Male Female
Marital Status: Single Married Other, please indicate: _____

City of Birth _____ Country of Birth _____ Country of Citizenship _____

Permanent Address in Home Country: _____
Home or Apartment # and Street _____

City _____ State/Province _____
Country _____ Postal Code _____

Section II: Immigration Information

U.S. Entry Information:

Are you currently in the U.S.? Yes No

- If yes, _____
Current status in the U.S: _____ Date current status expires: _____ Most recent date entered the U.S. _____
- Please provide the 11-digit number on your current Form I-94: _____
- US registration #, if any: A- _____

Passport Information:

Do you have a passport valid 6 months into the future? Yes No

Name (exactly as it appears on the passport) _____ Country of Issuance _____ Date of Expiration _____

Previous Status (es) in the U.S.

F Student Information:

Have you ever been in the U.S. on F-1 or F-2 visa status? Yes No

Did you obtain a degree from a U.S. institution? Yes No

- If yes, what types of degree(s)? _____

If yes, please attach to this form a chronological listing of all previous student programs you and your dependents have participated in, to include: begin date, departure date, status (e.g. Student, Practical Training, etc.), program sponsor(s), and name(s) of academic institution(s) with legible copies of all I-20 forms issued to you and/or your dependents.

J Exchange Visitor Information:

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

If yes, please attach to this form a chronological listing of all previous Exchange Visitor training, to include begin date, departure date, status (e.g. Researcher, Student, Trainee, etc.), program sponsor(s), and name(s) of training institution(s) with legible copies of all DS-2019 or IAP-66 forms issued to you and/or your dependents.

If yes,

- Were you sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG)? Yes No
- Were (are) you subject to the 2-year home residency requirement? Yes No
 - If yes, have you applied for a waiver of the 2-year home residency requirement? Yes No
 - If yes, please explain on what grounds did you seek the waiver:

- If yes, please provide the status and case number of your waiver:

Status

Case Number

- If yes, attach to this form a copy of the waiver recommendation and/or waiver approval.

H Visa Information:

Have you ever been in the U.S. on the "H" classification (e.g. H-1B, H-4, etc.)? Yes No

If yes, please provide the information below detailing your previous stay(s) in the U.S.:

Year	Dates you were physically present in US (from – to):	H Visa Status Classification:
2010	_____	_____
2009	_____	_____

2008 _____

2007 _____

2006 _____

2005 _____

2004 _____

If you were physically present in the U.S. prior to 2004 on the "H" classification, please list all periods of stay below:

Other Visa Status (es) Information:

Please list any other visa status you have had in the past in the US: _____

Have you ever violated your status in the US? Yes No If yes, please comment: _____

If you answered yes to any of the any questions in this section, please attach to this form legible copies (front and back) of all immigration documents issued to you and your dependents, such as passport showing expiration date and personal information, Form I-94, and/or Form I-797.

Permanent Residency Information:

Have you filed an application for permanent residency (green card) with the U.S. government? Yes No

• If yes, under what category? Family Employment Lottery Other

• If yes, what is the status of the application? _____

• If employment based, was the application self petition or employer petition? Self Employer

• If employment based, in what category (e.g. EB1 - Outstanding, National Interest, etc.)? _____

• If employment based, please provide a copy of the USCIS Receipt Notice (Form I-797C).

• Have you filed an I-485 Adjustment of Status Application with the U.S. government? Yes No

• If yes, do you have an Advance Parole (I-131)? Yes No

• If yes, do you have an Employment Authorization Document (EAD)? Yes No

• If yes, please provide copies of all of the above (e.g. I-485, Advance Parole, EAD)

Section III: Dependent Information



Do you currently have a spouse or unmarried child (under the age of 21) in the U.S. who will require adjustment of Status? Yes No

- If you answered yes, please provide the following information:

Spouse

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Male <input type="checkbox"/> Female

Has your spouse ever been on J-1 or J-2 status? Yes No

- If yes, has your spouse been recommended for and/or granted a waiver of the two-year home residency obligation? Yes No
 - If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter

Has your child ever been on J-1 or J-2 status? Yes No

- If yes, has your child been recommended for and/or granted a waiver of the two-year home residency obligation? Yes No
 - If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter

Has your child ever been on J-1 or J-2 status? Yes No

- If yes, has your child been recommended for and/or granted a waiver of the two-year home residency obligation? Yes No
 - If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.

- **Copy of Job Description**



I certify under penalty of perjury that the above information is true.

Signature: _____

Date: _____