H-1B Application Packet

H-1B Document Checklist

- Read and understand the instructions for this packet: [http://isss.gsu.edu/administrator/employing-an-h-1b-scholar/h-1b-application/](http://isss.gsu.edu/administrator/employing-an-h-1b-scholar/h-1b-application/)
- Export Control Screening Form
- H-1B Worksheet
- Declaration of the Department
- Job Description
- Sponsorship letter
- H-1B Applicant Data Sheet
- Copy of original job offer letter (if new GSU employee)
- Copies of all current and previous USCIS forms
  - H status: current and previous I-797 forms.
  - F status: all I-20s issued and EAD card(s) for OPT, if applicable.
  - J status: all DS 2019s and any IAP 66’s (old versions of DS 2019), letters authorizing Academic Training and Waiver of 2-year Home Residence requirement, if applicable.
  - J-2 status: all DS-2019s and any EAD cards.
- Copy of passport ID page (copy should include picture and passport expiration date)
- Copy of front and back of I-94 card given at last time of entry to U.S.
- Copy of most recent visa
- H-1B Applicant’s CV or Resume
- H-1B Applicant’s Education Documents
  - Please Note: a copy of the transcript, if available, and the diploma for the highest degree received must accompany the H-1B application. If the final transcript is not yet available, please obtain letter from the registrar confirming completion of the degree and date degree will be awarded along with the transcript.
- Credential Evaluation*  
  *If the highest degree is from an institution outside of the US, a credential evaluation is required. If the educational documents are in a language other than English, a translation will be required to accompany these documents.
- Check made payable to Department of Homeland Security in the amount of $325.00
- Check made payable to Department of Homeland Security in the amount of $500.00*  
  *This check is only required for new or porting H-1B applications
- Please EXPEDITE this application*
  *If you choose this option please also submit a check made payable to Department of Homeland Security in the amount of $1225.00

INFORMATION FOR DEPENDENTS

If the applicant is coming directly from overseas no additional immigration documents will be needed for their dependents to obtain a visa to accompany them. If the applicant’s dependents are currently in the US then change of status or extension applications will need to be filed for them. All applications will to be forwarded to USCIS at the same time by ISSS. Please provide the following documents from the dependents:

- Form I-539 (this form can be found at [www.uscis.gov](http://www.uscis.gov) and should be completed by the principal dependent, not the H-1B applicant.
- Copies of all current and previous USCIS forms
- Copies of the front and back of I-94 cards
- Copies of most recent visas
- Copies of passport ID pages
- Letter from the H-1B applicant stating his/her willingness and ability to support all dependents for the duration of their stay within the United States
- Check made payable to Department of Homeland Security in the amount of $290.00

Collect all of the above documents, placing this sheet on top, and deliver complete packet to Doreen Clayton, International Scholar Advisor in 252 Sparks Hall. Within 5 days the department contact listed on the H-1B worksheet will receive an email either confirming all needed materials have been submitted and processing has begun or additional documents are required.
**Background**

Export Controls are federal laws and regulations that prohibit the unlicensed export of certain commodities or information for reasons of national security or protection of trade. Export controls usually stem from one or more of the following reasons:

- The nature of the export has actual or potential military applications or economic protection issues;
- Government concerns about the destination country, organization, or individual; and/or
- Government concerns about the declared or suspected end use or the end user of the export.

An **export** is any oral, written, electronic, or visual disclosure, shipment, transfer, or transmission of commodities, technology, information, technical data, assistance, or software codes to:

- anyone outside the U.S. including a U.S. citizen;
- a "foreign national" wherever they are even if the disclosure occurs in the U.S. (this is defined as a "**deemed export**"); and/or
- a foreign embassy or affiliate.

A "**foreign national**" is any person who is **NOT** a:

- U.S. Citizen or National
- U.S. Lawful Permanent Resident
- Person Granted Asylum
- Person Granted Refugee Status
- Temporary Resident

A "**foreign national**" includes:

- A person in the U.S. in non-immigrant status (for example, H-1B, H-3, L-1, J-1, F-1 Practical Training, L-1)
- A person unlawfully in the U.S.

**Export Control Laws and Governing Agencies**

The following is a description of the U.S. governmental agencies that determine the policies regarding export controls:

- The Department of Commerce administers the **Export Administration Regulations (EAR)**, the regulations that control items that have both a commercial and potential military use. The EAR contains the **Commerce Control List (CCL)** (see 15 CFR Parts 770-774 located at [http://www.access.gpo.gov/bis/ear/ear_data.html](http://www.access.gpo.gov/bis/ear/ear_data.html)).

- The Department of State administers the **International Traffic in Arms Regulations (ITAR)**, the regulations that control military items and defense services. The ITAR contains the U.S. Munitions List (see 22 CFR Parts 120-130 located at [http://www.pmddtc.state.gov/regulations_laws/itar_official.html](http://www.pmddtc.state.gov/regulations_laws/itar_official.html)).

- The Treasury Department’s **Office of Foreign Assets Control (OFAC)** which administers and enforces economic and trade sanctions to protect foreign policy and national security goals (see [http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx](http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx)).

Unless an exclusion or exemption is available, GSU may be required to obtain prior governmental approval (in the form of an export license) before allowing the participation of foreign national faculty, staff, or students in certain university activities. In some cases, a license may not be available at all based on the country involved; and in some cases, GSU may not be willing to obtain a license to allow for the sponsorship of a foreign national.

Through Section 6 of Form I-129, the U.S. Government requires the petitioning entity (i.e. GSU) to certify that it has reviewed the EAR and ITAR and that it has determined whether or not a U.S. Government export license to release controlled technology or technical data to the beneficiary is required. A "deemed export" attestation is included on Form I-129 and **must be made by H-1B, H-1B1 Chile/Singapore, L-1 and O-1A petitioners**. The text of the attestation is as follows:

"**Check Box 1 or Box 2 as appropriate:**

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

- [ ] 1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or

- [ ] 2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary."
GSU faculty or staff may be personally liable for violations of export control laws and regulations. Violations of these regulations may result in criminal penalties (including fines and/or prison sentences for individuals) and civil sanctions, and may affect future research opportunities. Therefore, it is important that you use reasonable care in responding to the questions provided in the Export Control Screening Form. Prior to responding, you will need to review the general overview of your obligations under the export laws and regulations mentioned above and the descriptions of technologies that are controlled by the EAR and the ITAR. You must also decide if you believe the information or technology to which the beneficiary will be exposed falls within one or more of the categories.

There are a number of legal exceptions and exclusions under ITAR and EAR that may apply to certain situations. However, it is important that GSU identifies whether the technology the beneficiary will be exposed to is subject to ITAR or EAR as a threshold matter.

Please contact Caroline Lombard in the Office of Legal Affairs at 3-0500 or clombard@gsu.edu with questions regarding export controls or the Export Control Screening Form.
Name of Beneficiary as it appears on passport (print):

________________________________________________________________________

Country of citizenship: _____________________________________________________________________________

Country of residence: _____________________________________________________________________________

Beneficiary’s current institution: _______________________________________________________________________

Name of Employing Department: _______________________________________________________________________

Department Chair or Hiring Authority: ___________________________________________________________________

Person Preparing Form: _____________________________________________________________________________

Phone: _____________________ Fax: _____________________ Email: _____________________

This portion is to be completed by the faculty sponsor:

1. Will the Beneficiary be working on any sponsored research projects?
   - No.
   - Yes. Sponsor Name & Grant No.___________________________________________________________

2. What areas (i.e. rooms and labs) will the individual above have access to? ___________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

3. Are the materials, technology, information, or software that the individual has access to (whether generated from the individual’s own work or not) intended for military applications, or if intended for civilian purposes, could such materials, technology, information, or software have a military application?
   - No.
   - Yes.

4. If new technology is developed, will the results be published?
   - No.
   - Yes.
   - No new technology will be developed.

5. Will the individual have access to any proprietary information (i.e. third party confidential information)?
   - No.
   - Yes. Please attach a copy of any agreement with such third party.

   Description: _________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

6. Indicate your determination with regard to whether the Beneficiary’s activities include technology subject to the ITAR or EAR.
   - The project does not involve technologies covered by ITAR or EAR.
   - The project/technology is covered by either ITAR or EAR. If so, indicate the relevant category information:
7. In the space provided, describe any specialized equipment that the Beneficiary will use or have regular access to (Use of equipment may be controlled for export purposes if such use extends beyond routine operation). If you need additional space, attach a separate sheet of paper.

[Blank space]

8. Is there an existing agreement, such as an exchange agreement, that governs the relationship between GSU and the Beneficiary’s home entity?

☐ No. Please attach a copy to this form.

☐ Yes.

9. Are there any other sensitive issues or concerns that should be brought to the attention of Legal Affairs? Please provide below or contact Caroline Lombard, Office of Legal Affairs at 3-0500.

[Blank space]

To the best of my knowledge, all of the above information is true and correct.

Faculty Sponsor Signature Date

Department Chair Signature:

Signature Date

Submit completed form to International Student and Scholar Services, Sparks Hall - Room 252, 33 Gilmer St. SE Atlanta, GA 30303 or fax to (404) 413-2096.
Faculty Sponsor:

Check Box 1 or Box 2 as appropriate:

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

[ ] 1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or

[ ] 2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

____________________________________________________
Signature of Faculty Sponsor

____________________________________________________
Date

Printed Name

Office of Legal Affairs:

The Export Control Screening Form and supporting information for ________________________________ have been reviewed by the Office of Legal Affairs.

____________________________________________________
OLA Signature

____________________________________________________
Date

Printed Name
**H-1B Worksheet**  
*Usually the Office/Business Manager completes this form*

### Employee (Beneficiary) Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>[Last] [First] [Middle]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address:</td>
<td>Phone Number (if available):</td>
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</tbody>
</table>

### Employing Department (Petitioner) Information

<table>
<thead>
<tr>
<th>Name of Department:</th>
<th></th>
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<tbody>
<tr>
<td>Department Chair or Hiring Authority:</td>
<td></td>
</tr>
<tr>
<td>Person Preparing Form:</td>
<td>(Contact for questions regarding information; usually the business manager)</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

| Physical Campus Address: | Campus Mail Address: |

### Position Information

| Position Title: | |
| Salary Offered $_______________ per __________(list salary by year if possible) | Hours per Week_______ |

| Expected Duration of H-1B Employment (Start and End Date): | |
| FROM: ____/____/____ | TO: ____/____/____ | (No more than 3 years can be requested at a time) |

<table>
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<tr>
<th>M</th>
<th>D</th>
<th>Y</th>
<th>M</th>
<th>D</th>
<th>Y</th>
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</thead>
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### ISSS Payment Information

In order to avoid any delays in sending the H-1B petition to the Department of Homeland Security (DHS) for adjudication, and consistent with revised Georgia State University policies and procedures, the department must provide evidence of payment of the ISSS cost recovery fee, either through departmental journal transfers or applicant deposit receipt, before International Services will send the completed petition to the DHS.

**DEPARTMENT INSTRUCTIONS:** Please provide the department payment information in the space provided below and return to ISSS with all other application materials. ISSS will submit the journal and notify you of the journal number after the transaction has been completed.

**APPLICANT DEPOSIT INSTRUCTIONS:** Please email Doreen Clayton at dclayton@gsu.edu for more information on this process.

**MAILING PROCEDURES:** Please indicate your departmental FEDEX acct# so ISSS can mail the H-1B petition to USCIS. If you do not have a departmental FEDEX acct# then the departmental contact listed above will be contacted to pick up the application and mail it to USCIS.

<table>
<thead>
<tr>
<th>Speedtype:</th>
<th>DRG__PRJ__</th>
<th>Organization Code (9-digit):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Fee:</td>
<td>(check one)</td>
<td>$600.00 Initial/Transfer</td>
</tr>
<tr>
<td>Workflow Approver &amp; Phone #:</td>
<td>UPS acct. #:</td>
<td></td>
</tr>
</tbody>
</table>

**ISSS USE ONLY:** Date Journal Submitted________________       Journal #_________________________
DECLARATION OF THE DEPARTMENT

NAME OF H-1B APPLICANT: __________________________________________________________

The department will comply with the following regulations during the H-1B application process and during the employment of the above-named foreign national under the terms of H-1B status.

NOTE: Every box must be checked in order to indicate that the employer will comply with each statement.

- Return airfare to home country will be paid to the Alien (employee) if he/she is dismissed prior to the end date of H-1B sponsorship.
- H-1B nonimmigrants will be paid the salary stated (or higher) in this application during the entire H-1B sponsorship.
- By posting a notice of this filing in a conspicuous place for (10) days, notice of the application will be provided to workers employed in occupations similar to the proposed H-1B nonimmigrant worker.
- During the H-1B application process all travel outside the U.S. by the applicant must be cleared through ISSS prior to departure.
- The sponsoring department will maintain hourly and weekly time sheets, per USDOL regulations, for any H-1Bs sponsored on a part-time basis, even if the position does not normally require such action.
- The sponsoring department will be responsible to notify ISSS of any substantial changes in the H1B status holder’s employment (job title, place of employment, transfer to another university department, significant changes in duties, salary changes, termination, resignation, changes in export control license requirements). It is the responsibility of the department to inform ISSS immediately. Federal regulations require that USCIS be notified prior to any changes in employment taking place.
- The sponsoring department will report all leaves of absences to ISSS prior to the H-1B worker taking the leave.
- The Department will be responsible for all fines and penalties associated with violating the applicable federal regulations as described below. Specifically:
  - FILING AN LCA (LABOR CONDITION APPLICATION) WHICH MISREPRESENTS A MATERIAL FACT:
    - Civil Money Penalty up to $1,000/violation.
    - Notice to USCIS & DOL regarding debarment from H-1B program.
    - Any other actions the Department of Labor deems appropriate.
    - Up to $10,000 fine and/or 5 years imprisonment [18 U.S.C. 1000].
  - FAILURE TO PAY REQUIRED WAGES:
    - Back wages to H-1B employee.
    - Civil Money Penalty up to $1,000/violation.
    - Notice to USCIS & DOL regarding debarment from H-1B program.
    - Any other actions the Department of Labor deems appropriate.
  - FAILURE TO PROVIDE REQUIRED WORKING CONDITIONS:
    - Civil Money Penalty up to $1,000/violation.
    - Notice to USCIS & ETA regarding debarment from H-1B program.
    - Any other actions the Department of Labor deems appropriate.

NOTE: Willful misrepresentation of a material fact on the LCA will lead to civil monetary penalties ranging from $5,000-$35,000 and possible debarment for GSU from the H-1B program for a minimum of 2-3 years.

IMPORTANT NOTE
Because of the penalties mentioned above it is extremely important that the Department does not misrepresent any fact or situational development. It is the responsibility of each Department to notify ISSS if any conditions of employment change at any time so that we may notify the proper government agency. In the event that the Department of Labor audits Georgia State University, ISSS is not responsible for any misinformation provided by Department sources and as stated above all fines will be paid by the sponsoring department.

Name & Title of Hiring Authority __________________________________________________________

_________________________________________  __________________________
Signature                              Date
Date

To: U.S. Department of Homeland Security
RE: H-1B Petition for __________________

To whom it may concern:

This letter serves as a request for H-1B classification for (prospective/continuing employee) as a (job title) in the field of (list field of work). (Prospective/continuing employee) will be conducting research / teaching/working in ___________________________ (brief description of activities).

(Describe briefly the knowledge and skills needed by an individual to carry out this position)

(Describe briefly prospective/continuing employee’s qualifications for the position)

(Name of GSU hiring department) will comply with the terms and conditions of the Labor Condition Application for the duration of the authorized period of stay*, and the department of (name of hiring department) understands that it is liable for the reasonable cost of the employee’s return ticket home should the employee be dismissed prior to the expiration of the authorized period of stay.

(Prospective/continuing employee’s name) position is currently funded until ending date** and the salary is $ per year. I am requesting the H-1B classification from beginning date to end date. ***

Sincerely,

Department Head or Hiring Authority

*The conditions of the LCA include:
  ▸ The individual will be paid the actual wage paid by the employer to all other individuals with similar experience and qualifications for the specific employment, or the prevailing wage, whichever is higher; and
  ▸ The individual’s employment will not adversely affect the working conditions of similarly employed workers; and
  ▸ The H-1B filing notice has been posted for at least ten days in two conspicuous locations

**The ending date of funding should coincide with the H-1B classification end date.

***Please remember that you can request up to three years at a time, but only request dates for which you have funding. If you need help deciding what dates to put in the letter please call 404-413-2070 and ask for Doreen Clayton for assistance.
H-1B Applicant Data Sheet

All information is required. Please answer N/A if question does not apply

1) **Employee’s Name** (as it appears in passport):

__________________________________________________________________________________

2) **Other names used**, if any (including maiden name):

__________________________________________________________________________________

3) **Current phone number**:

__________________________________________________________________________________

4) **Current email address**:

__________________________________________________________________________________

5) **Date of Birth** (mm/dd/yyyy):

__________________________________________________________________________________

6) **Gender**:

Male ____  Female ____

7) **U.S. Social Security #** (if any):

__________________________________________________________________________________

8) **A#** (if any): A-_______________

9) **Place of Birth**:

City Province /State Country

__________________________________________________________________________________

10) **Country of Citizenship**:

__________________________________________________________________________________

11) **Passport Number**:

__________________________________________________________________________________

12) **Passport Issue Date** (mm/dd/yyyy):

__________________________________________________________________________________

13) **Passport Expiration Date** (mm/dd/yyyy):

__________________________________________________________________________________

14) **Current home address in the U.S.** (if applicable):

__________________________________________________________________________________

Street Name & Number Apt. # (if any) City State Zip

15) **Most recent home address abroad**:

__________________________________________________________________________________

Street Name & Number Apt. # (if any) City State Zip Country

16) **Highest degree earned**:

__________________________________________________________________________________

a) **Major field of study**:

__________________________________________________________________________________

b) **Date degree awarded** (mm/dd/yyyy):

__________________________________________________________________________________

c) **Name and address of degree granting institution** (school):

__________________________________________________________________________________

*If your degree was obtained outside the U.S., please note that an evaluation of your credentials is required by a U.S. evaluator. You or your sponsor may contact Foreign Evaluations, Inc. ([www.fceatlanta.com](http://www.fceatlanta.com))

17) **IF CURRENTLY IN THE UNITED STATES**: (NOTE - if not currently in the U.S., proceed to question 18 below)

a) **Date of last arrival** (mm/dd/yyyy):

__________________________________________________________________________________

b) **Port of Entry of last arrival** (city & state):

__________________________________________________________________________________

c) **I-94 #** (arrival/departure card #):

__________________________________________________________________________________

d) **Current nonimmigrant status**:

__________________________________________________________________________________

e) **Date status expires** (mm/dd/yyyy or D/S):

__________________________________________________________________________________

f) **SEVIS #** (if any):

__________________________________________________________________________________

g) **Employment Authorization Document (EAD) #** (if any):

__________________________________________________________________________________

h) **Do you plan to travel outside of the U.S. while your H-1B petition is pending?** Yes____ No____

*Please be aware that the petition could take 6 months or more to process*

If yes, please list places and dates of travel

__________________________________________________________________________________

i) **If you are currently employed elsewhere, where are you employed?**

__________________________________________________________________________________
When do you expect to terminate that employment? ______________________________

** If you are currently in H-1B status, you should not terminate your current employment until a new H-1B application by GSU has been submitted and a receipt has been received from the immigration service.

18) IF CURRENTLY OUTSIDE THE UNITED STATES:
   a) Address of the U.S. Consulate/Embassy where you will apply for a visa:

   ________________________________________________________________
   City U.S. State or Foreign Country

   b) If Canadian, which Port of Entry will you use? _________________________________

ALL APPLICANTS MUST ANSWER REMAINING QUESTIONS (regardless of whether inside or outside the U.S.).

19) Has an H-1B petition ever been filed on your behalf in the past 7 years? No ___ Yes ___

20) If yes, list all H filings in order, starting with the initial application and including all extensions, concurrent employment, and transfers. Please provide copies of all approval notices. If more space is needed, please use a separate sheet of paper.
   a) Initial H: _________________________________________________________________
      Receipt Number Approval Date Valid From Valid Until
   b) Subsequent H: _________________________________________________________________
      Receipt Number Approval Date Valid From Valid Until
   c) Subsequent H: _________________________________________________________________
      Receipt Number Approval Date Valid From Valid Until

21) Have you ever been denied H-1B status? No ___ Yes ___ - If yes, please explain:

   ________________________________________________________________

22) Have you ever been a J-1 exchange visitor? No ___ Yes ___ - If yes, please provide the dates you maintained J-1 status:

   ________________________________________________________________

23) Have you ever been a J-2 dependent? No ___ Yes ___ - If yes, please provide the dates you maintained J-2 status:

   ________________________________________________________________

24) Are you subject to the two year home residency requirement (212e)? No ___ Yes ___ Unsure ___

25) Have you ever applied for US Permanent Residency (Green card)? No ___ Yes ___
   a) If yes, on what basis did you apply?

26) Are you married? No ___ Yes ___

27) Do you have any children? No ___ Yes ___

28) If you answered “Yes” to question 26) or 27) above, will your spouse and/or child(ren) file an I-539 application for dependent immigration status based on your status? No ___ Yes ___
   **If you answer yes, you must complete the answers to the questions regarding “Dependent Family Members” on the following page (page 14).

By signing below, I certify that all the information provided above is true and correct to the best of my knowledge.

____________________________________
Signature

____________________
Date
Dependent Family Members:

Please complete the following for all family members who will file an I-539 application for dependent status.

Spouse:

a. Full name (as it appears in passport): ________________________________
   Family/Last Name   First/Given Name   Middle Name

b. Date of Birth: ______________

c. Country of Birth: __________________________

d. Country of Citizenship: __________________________

e. Nonimmigrant Status: ____________________

f. I-94 #: _______________________

g. Date status expires (mm/dd/yyyy): ______________

h. Country where passport issued & expiration date (mm/dd/yyyy): ________________________________

Child 1:

a. Full name (as it appears in passport): ________________________________
   Family/Last Name   First/Given Name   Middle Name

b. Date of Birth: ______________

c. Country of Birth: __________________________

d. Country of Citizenship: __________________________

e. Nonimmigrant Status: ____________________

f. I-94 #: _______________________

g. Date status expires (mm/dd/yyyy): ______________

h. Country where passport issued & expiration date (mm/dd/yyyy): ________________________________

Child 2:

a. Full name (as it appears in passport): ________________________________
   Family/Last Name   First/Given Name   Middle Name

b. Date of Birth: ______________

c. Country of Birth: __________________________

d. Country of Citizenship: __________________________

e. Nonimmigrant Status: ____________________

f. I-94 #: _______________________

g. Date status expires (mm/dd/yyyy): ______________

h. Country where passport issued & expiration date (mm/dd/yyyy): ________________________________

Child 3:

a. Full name (as it appears in passport): ________________________________
   Family/Last Name   First/Given Name   Middle Name

b. Date of Birth: ______________

c. Country of Birth: __________________________

d. Country of Citizenship: __________________________

e. Nonimmigrant Status: ____________________

f. I-94 #: _______________________

g. Date status expires (mm/dd/yyyy): ______________

h. Country where passport issued & expiration date (mm/dd/yyyy): ________________________________

By signing below, I certify that all the information provided above is true and correct to the best of my knowledge.

____________________________________
Signature

____________________________________
Date