

## Authorization Request for Immigration Sponsorship Applicant Information Form

(to be completed by the applicant)

No

Applicant Family Name:		First	and Midd	le Name	es:		
Previous Names Used (maiden name & name fi	rom p	orevious marria	ges): Yes	N	No	(If Yes, please attach separately	
Birth Date (mm/dd/yyyy):		Gender:	Male	F	emale		
Birth City:		Birth Country	<b>':</b>				
Province of Birth Country:		Country of Ci	tizenship/l	Nationa	lity:		
Passport Number: Issuing Cou	ıntry:		Issu	ie Date:		Expiration Date:	
Are you currently in the United States?	Yes	s No	(If Ye	s, comp	lete the	Current Immigration Status)	
Have you previously been to the United States?	Ye	s No	(If Ye	s, comp	lete the	Travel History)	
Do you have a U.S. Social Security Number?	Ye	s No					
CURRENT IMMIGRATION STATUS: If you are in the U.S., what is your current statu	ıs/vis	a type:	Expira	ation Da	ate (mm	n/dd/yyyy):	
Date of Last Entry to U.S. (mm/dd/yyyy):				I-94 Arrival/Departure Number:			
Have you ever been sponsored on F or J status/visa type?				No			
Employment Authorization Document (EAD) Number (if applicable):			Trans	Transferring from other U.S. Employer? Yes No			
CURRENT US RESIDENCE ADDRESS (do	not l	list a PO Box):					
Street Number and Name:			Apt	Ste	Flr	Number:	
City/Town:			State:			Zip Code:	
CURRENT FOREIGN RESIDENCE ADDR Street Number and Name:	ESS	<u>.</u>	Apt	Ste	Flr	Number:	
City/Town:			State:				
ovince: Country:				Zip/Postal Code:			
U.S. / Foreign Phone Number:			Email	:			
DEPENDENTS:							
Will your dependents be included in this application	ation	s? Yes No					
If Yes, list full name, date of birth and relations	hip:						
CONSULATE/U.S. EMBASSY INFORMAT	<u>IO</u> N	(Port of entry,	if Canadia	<u>ın):</u>			
City:		Country:					
To your knowledge, have you, or has any other	perso	on/organization	on your b	ehalf, f	iled a pe	etition for (H, L and/or	

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Permanent Residency)? If yes, please provide copies of all Form(s) I-797, Notice of Action. Yes

EMERGENCY CONTACT I	NFORMATION:					
First Name:		Last Name:		Relationship:		
Street Number and Name:						
City:		State/Province:	Zip	/Postal Code:		
Country:		Phone Number:				
Email:		Languages(s):				
EDUCATION HISTORY:						
	University/College Name	City/Country	Degree Begin Date (mm/dd/yyyy)	Degree Award Date (mm/dd/yyyy)		
Ph.D. or equivalent				(, 4, 5, 5, 5, 5, 7		
Masters						
Bachelors						
Other (DVM, LLD, etc)						
STUDENT INTERN: Current University/College Stud	lent is Attending:					
Student's Field of Study in Hon	ne Country:					
Current Degree Title and Level:						
Academic Program Start Date:		Antici	Anticipated Degree Completion Date:			
CURRENT EMPLOYMENT: Occupation:	Ė	Position	on Title:			
Employer Name:		Count	ry:			

TRAVEL HISTORY:
Please list all previous visits to the U.S. below for the last 5 years.

U.S. Entry Dates: (mm/dd/yyyy)	U.S. Departure Dates: (mm/dd/yyyy)	U.S. Immigration Status/Visa Type (B-2, F-1, J-1):	For F-1 or J-1 status/visa, enter SEVIS ID number	For J-1, enter the subcategory (i.e. Research Scholar, Student, etc)

<sup>\*</sup>Please submit an additional sheet for any information that did not fit on this form.

2 Revised 09.2021 **Attachments needed:** Passport ID page, Previous Immigration documents (I-797s, current I-94 and Employment Authorization card, if applicable), CV/resume, Proof of funding. J-1 Student Interns are required to submit an Academic Advisor Form filled out by the student's home university academic advisor.

**Dependent attachments needed:** Passport ID page, Previous Immigration documents (I-797s, current I-94 and Employment Authorization card, if applicable). For E-3, H-1B, O-1A and TN extensions: USCIS Form I-539, payment, Birth certificate and Marriage certificate.

**Note:** All documents must be submitted in English. Please send English translations along with the original scanned documents.

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