

**H-1B INFORMATION NEEDED FROM FOREIGN VISITOR**

1. Name \_\_\_\_\_ [ ] Male  
 (Family/Last (Given/First) (Middle) [ ] Female
2. E-mail address: \_\_\_\_\_ City of birth \_\_\_\_\_
3. Country of Citizenship \_\_\_\_\_ Province of birth \_\_\_\_\_
4. Passport Number \_\_\_\_\_ Country of birth \_\_\_\_\_
4. Passport Issued \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Month) (Day) (Year) (Month) (Day) (Year)
5. Passport expires \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (Month) (Day) (Year)

6. Address in your country of legal residence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Current address (if different from #4): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Present position title \_\_\_\_\_ Current employer \_\_\_\_\_
9. Highest degree earned \_\_\_\_\_ Country where it was earned \_\_\_\_\_  
 University where it was earned \_\_\_\_\_ Specific field of education \_\_\_\_\_

10. Are you a medical school graduate? [ ] Yes [ ] No.  
 If yes, in which country did you receive your education? \_\_\_\_\_

Have you passed any of these exams? [ ] VQE [ ] ECFMG [ ] FMG (Med. Sci.) [ ] USMLE

11. For whom will you work at Case?  
 Name \_\_\_\_\_  
 Department \_\_\_\_\_  
 Phone number or e-mail \_\_\_\_\_

12. Proposed dates of appointment at Case:  
 From \_\_\_\_\_ to \_\_\_\_\_  
 (Month) (Day) (Year) (Month) (Day) (Year)

13. Marital status [ ] Single [ ] Married [ ] Divorced

14. Please fill in the information for your dependents. Will they be traveling with you? [ ] Yes [ ] No

Name as it appears on passport	Relationship	Date, City & Country of birth	Citizenship	Date passport expires	U.S. Visa status

(2)

15. Have you or an employer ever filed an Employment-based Petition to Immigrate?  Yes  No  
If so, when and where? \_\_\_\_\_ Disposition? \_\_\_\_\_

16. Have you ever visited the U.S. as an Exchange Visitor (J-1 status)?  Yes  No  
Name of the organization that sponsored you \_\_\_\_\_  
Who provided the funding? \_\_\_\_\_ Date of departure from the U.S. \_\_\_\_\_

Are you subject to the two-year foreign residence requirement 212 (e)?  Yes  No  
Did you file for a waiver?  Yes  No Did you receive the waiver?  Yes  No

17. If you are applying for H-1B status and are not currently in the U.S., which U.S. consulate will process your visa?  
\_\_\_\_\_

18. If you are in the U.S., what is your current status? \_\_\_\_\_

19. When did you enter the U.S. and under what visa status? \_\_\_\_\_

Provide a copy of both sides of you CIS I-94 Form.

20. When does your current authorized period of stay expire?  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month) (Day) (Year)

21. If you are already a Temporary Worker, H-1B, when did your first H-1B employer obtain approval of the status for you? \_\_\_\_\_ Provide copies of all CIS I-797 Forms (Approval Notices)  
(Month) (Day) (Year)

22. U.S. Social Security Number (if you have one) \_\_\_\_\_ Do **NOT** copy the card.

23. When in the U.S., did you claim tax exemption under a tax treaty?  Yes  No  
If so, what country? \_\_\_\_\_ What period? \_\_\_\_\_  
As a student/apprentice?  Yes  No As a professor and/or researcher?  Yes  No