AUGUSTA UNIVERSITY
International &
Postdoctoral Services

Mailing address:
1120 15th Street, AA-2013
Augusta, Georgia, 30912
t. (706) 721-0670 f. (706) 721-9304
Email: ipso@augusta.edu
www.augusta.edu/ipso

NONIMMIGRANT APPLICANT INFORMATION FORM

Please type information.
All fields must be completed.
Type "N/A" in all fields not pertinent to your circumstances.

BIOGRAPHICAL INFORMATION

Name (*as it appears in your passport*): _____
Last (Family)   First (Given)   Middle

Date of Birth: _____   Country of Birth: _____
        (MM/DD/YYYY)
Province of Birth: _____   City of Birth: _____

If in the United States:
        Date of last arrival: _____   Current nonimmigrant status: _____

        Port of Entry: _____   Status ID # (Case # or SEVIS #): _____

        I-94 #: _____   Date current status expires: _____

Phone number: _____   Email: _____

Foreign Address: U.S. Address (if any):
_____   _____
_____   _____
_____   _____

Passport Number: _____   County of Citizenship: _____
Passport Issue Date: _____   A # (if any): _____
Passport Exp. Date: _____   Soc. Sec # (if any): _____

NONIMMIGRANT STATUS HISTORY   *including B-1, B-2, F-1, J-1, H-1B and other status'

Dates (mm/dd/yyyy)   **Reason for Visit**   **Visa status (F-1, H-1B etc.)**
_____ to _____   _____   _____
_____ to _____   _____   _____
_____ to _____   _____   _____

Have you previously been in J status? (including J-1 or J-2 status)   Yes   No
If yes, are/were you subject to the 212(e) home residence requirement?   Yes   No
If yes, do you have documentation of completion of the requirement or an approved I-612 waiver of the requirement?
        Yes   No

Notification
If you are out of the U.S., or will be out of country when your petition is adjudicated, which consulate should be notified?

Country _____   City _____

1. Is another petition being filed on your behalf along with this one?   Yes   No

2. Are you or have you ever been in exclusion or deportation proceedings?   Yes   No

3. Have you or any of your dependents ever filed an immigrant petition?   Yes   No

4. Have you ever requested and been denied the classification you are now requesting?   Yes   No

If "Yes" is answered to any question above, please attach an explanation. If you have filed an I-140 Petition for Permanent Residency, please provide a copy of the receipt or approval notice

Dependents

Do you have dependents that will be applying for an H-4 Visa?   Yes   No

If yes, how many? _____ (Please complete Dependent Information)

DEPENDENT INFORMATION

(Spouse and unmarried children under 21)
Note: Dependent visa holders are not permitted to work in the United States
Applicants are responsible for the filing fees and petition submission for all dependents
Please print or type the following information. Spouses should include copy of marriage certificate in English.
Children should include copy of Birth Certificate in English.
Biographical Information (See page 3 for additional family members)

Name (*as it appears in your passport):* _____
                                        Last (Family)   First (Given)   Middle

Date of Birth: _____   Country of Birth: _____
            (MM/DD/YYYY)
Province of Birth: _____   City of Birth: _____

If in the United States: Current nonimmigrant status: _____

      Date of last arrival: _____   Status ID # (Case # or SEVIS #):_____

      Port of Entry: _____   Date current status expires: _____

      I-94 #: _____   Email: _____

Phone number: _____

Foreign Address: U.S. Address (if any):

_____   _____

_____   _____

_____   _____

Passport Number: _____   County of Citizenship: _____

Passport Issue Date: _____   A # (if any): _____

Passport Exp. Date: _____   Soc. Sec # (if any): _____

Additional Information

If "Yes" is answered to any question below, please attach an explanation.

1. Are you, or any other dependent in this application, an applicant for an immigrant visa or adjustment of status to permanent residence?   Yes   No

2. Has an immigrant petition ever been filed for you or any other dependent in this application?   Yes   No

3. Have you, or any other dependent in this application, ever been arrested or convicted of any criminal offense since last entering the U.S.?   Yes   No

4. Have you, or any other dependent in this application, done anything which violated the terms of the nonimmigrant status you now hold?   Yes   No

5. Are you, or any other dependent in this application, now in exclusion or deportation proceedings?   Yes   No

6. Have you, or any other dependent in this application, been employed in the U.S. since last admitted or granted an extension or change of status?   Yes   No

7. If no, describe the source by which you are being supported: _____
   If yes, provide a complete explanation, including name of employer, address of employer, weekly income, and whether specifically authorized by USCIS (attach employment authorization(s)):

   _____

Each Additional Family Member

Name (*as it appears in your passport*): _____
Last (Family)   First (Given)   Middle

Date of Birth: _____   Country of Birth: _____
          (MM/DD/YYYY)

Province of Birth: _____   City of Birth: _____

If in the United States:
    Date of last arrival: _____   Current nonimmigrant status: _____

    Port of Entry: _____   Status ID # (Case # or SEVIS #):_____

    I-94 #: _____   Date current status expires: _____

Phone number: _____   Email: _____

Foreign Address: U.S. Address (if any):

_____   _____

_____   _____

_____   _____

Passport Number: _____   County of Citizenship: _____

Passport Issue Date: _____   A # (if any): _____

Passport Exp. Date: _____   Soc. Sec # (if any): _____

It is your responsibility to provide complete and accurate information. Supplying incorrect or insufficient information can have negative consequences on your petition processing and subsequent employment at Augusta University. Filing and premium processing fees for employees are payable only by the hiring department. Applicants are responsible for the filing fees for dependents.

I, _____ (print name), hereby swear or affirm under penalty of perjury that the information contained in this document is true and correct. I understand that by submitting this application, Augusta University will invest institutional resources in the preparation of my visa petition. Therefore, I express my intention to assume or continue the employment for which this petition is being submitted.

_____   _____

Signature of H-1B Applicant   Date

C.V.
Please include an updated C.V. with this form.
All education and work experience listed must be dated with month and year.

For a list of all other documentation needed, please consult our checklist at:
www.augusta.edu/ipso/international/internatemployeesprospective

Evaluations
If credential evaluation is requested, only higher degrees (bachelors or higher) need be evaluated. ECFMG-certified physicians do not require a credential evaluation. Only a degree-by-degree evaluation is needed for immigration purposes, course by course or transcript evaluations are not required. Applicants are responsible for all evaluation fees.

Complete documentation is your responsibility
Be advised, processing of your petition will only begin once complete documentation has been received by IPSO. Originals are not required except when specifically requested by the Sr. Coordinator of International Services. Only after receiving complete information will IPSO be able to provide an accurate assessment of your petition and possible processing times.
Please email all documents to Jonathan Harwood at joharwood@augusta.edu.

Consent to I-94 and Travel History access on CBP Website

One necessary document to facilitate your immigration processing request is evidence of your most recent entry into the United States in the form of an I-94 document issued by U.S. Customs and Border Protection. In the spring of 2013, CBP automated the I-94 system, eliminating the need to issue paper documents. I-94s and travel histories can now be retrieved on the CBP website at: https://i94.cbp.dhs.gov/I94/#/home. To protect your privacy, these are secure and unprintable when sent to other users by email.

In order for IPSO to retrieve these documents on your behalf, please sign the below consent allowing us to do so.

"I request that the Augusta University International and Postdoctoral Services Office access my I-94 and travel history documents on the CBP website at https://i94.cbp.dhs.gov/I94/#/home. They have my permission to access and print these documents to facilitate my case for Augusta University sponsorship."

If you have any questions or concerns on how your documents will be used, please do not hesitate to contact International and Postdoctoral Services Office at 706 721-0670 prior to completing this consent form.

Name: _____ Signature: _____ Date: _____

USCIS U.S. Public Charge Attestation

Effective February 20, 2020, all petitions seeking an extension or change of immigration status include several questions regarding U.S. public assistance funds. These questions ask whether you have, (1) ever applied for, (2) received, and/or (3) been certified to receive public assistance funds in the United States. In this case, the term "certified" means that you have been approved to receive public assistance funds but have not (yet) received them. Please read the questions carefully and answer them truthfully:

1. Since obtaining your current nonimmigrant status, have you <u>received</u>, or are you <u>currently certified to receive</u> ANY of the following benefits?

    Yes   No   Any Federal, State, local, or tribal cash assistance for income maintenance
    Yes   No   Supplemental Security Income (SSI)
    Yes   No   Temporary Assistance for Needy Families (TANF)
    Yes   No   Federal, State or local cash benefit programs for income maintenance (often called "General Assistance" in the State context, but which also exist under other names)
    Yes   No   Supplemental Nutrition Assistance Program (SNAP) (commonly known as "food stamps")
    Yes   No   Section 8 Housing Assistance under the Housing Choice Voucher Program, as administered by HUD
    Yes   No   Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) under Section 8 of the U.S. Housing Act of 1937
    Yes   No   Public Housing under section 9 of the U.S. Housing Act of 1937.

2. Have you <u>received</u>, <u>applied for</u>, or <u>been certified</u> to receive Federally-Funded Medicaid in connection with any of the following?
    Yes   No   An emergency medical condition
    Yes   No   For a service under the Individuals with Disabilities Education Act (IDEA)
    Yes   No   Other school-based benefits or services available up to the oldest age eligible for secondary education under your state law
    Yes   No   While under the age of 21
    Yes   No   While pregnant or during the 60-day period following the last day of pregnancy

Note that receiving any of the benefits considered/listed above does NOT mean that the recipient is no longer eligible for the immigration benefit for which the petition will be filed. However, if one has received or has been approved to receive these benefits, additional information may need to be provided.

For more information, please refer to the [Public Benefits section of the USCIS Policy Manual](https://www.uscis.gov/policy-manual/volume-8-part-g-chapter-10). https://www.uscis.gov/policy-manual/volume-8-part-g-chapter-10

I certify, under penalty of perjury, that I have reviewed and completed the above form and that all of the information contained, including responses to specific questions, and in the supporting documents is complete, true, and correct.

Signature _____   Date _____