

Authorization Request for Immigration Sponsorship Applicant Information Form

(to be completed by the applicant)

No

oplicant Family Name: First an			nd Middle Names:				
Previous Names Used (maiden	name & name from	om previous	marriages	s): Yes	N	To (If Yes, please attach separately)
Birth Date (mm/dd/yyyy):		Gender	r:	Male	Fe	emale	
Birth City:		Birth C	Country:				
Province of Birth Country:		Countr	y of Citiz	enship/N	Vational	ity:	
Passport Number:	Issuing Cour	ing Country:			e Date:		Expiration Date:
Are you currently in the United	l States?	Yes	No	(If Yes	s, comp	lete the (Current Immigration Status)
Have you previously been to th	e United States?	Yes	No	(If Yes	s, comp	lete the	Travel History)
Do you have a U.S. Social Sec	urity Number?	Yes	No				
CURRENT IMMIGRATION	STATUS:						
If you are in the U.S., what is your current status/visa type:				Expiration Date (mm/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/v	risa type?		Yes	No		
Employment Authorization Document (EAD) Number (if applicable):				Transf	erring f Yes	rom othe	er U.S. Employer? No
CURRENT US RESIDENCE	ADDRESS (do	not list a PO	Box):				
Street Number and Name:				Apt	Ste	Flr	Number:
City/Town:				State:			Zip Code:
CURRENT FOREIGN RESI Street Number and Name:	DENCE ADDR	ESS:		Apt	Ste	Flr	Number:
City/Town:				State:			
Province:	nce: Country:			Zip/Postal Code:			
U.S. / Foreign Phone Number:			Email:				
DEPENDENTS: Will your dependents be included.			No				
If Yes, list full name, date of be		_		a	`		
CONSULATE/U.S. EMBASS City:	SY INFORMAT		entry, if (untry:	<u>Canadia</u>	<u>n):</u>		
City.		20	umiy.				

1 Revised 02.2024

To your knowledge, have you, or has any other person/organization on your behalf, filed a petition for (H, L and/or

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						
Masters						
Bachelors						
Other (DVM, LLD, etc)						
STUDENT INTERN: Current University/College Student	dent is Attending:					
Student's Field of Study in Hon	ne Country:					
Current Degree Title and Level	:					
Academic Program Start Date:		Anti	Anticipated Degree Completion Date:			
CURRENT EMPLOYMENT: Occupation:		Posi	Position Title:			
Employer Name:		Cou	Country:			

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)

^{*}Please submit an additional sheet for any information that did not fit on this form.

2 Revised 02.2024 **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.

3 Revised 02.2024