



# Form B

## Scholar Information

To be completed by the Scholar/Employee

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦  
Telephone: 617/353-3565 ♦ issosch@bu.edu ♦ www.bu.edu/isso ♦ Facsimile: 617/358-

### A. Name (as it appears on your passport)

Last Name / Family Name / Surname:	First Name / Given Name:	Middle Name(s), if any:
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List all other names used (include maiden name and other names used on legal or academic documents, etc.):

### B. Permanent Address

Home address in country of citizenship or country of legal permanent residence. Must be a non-U.S. address.

### Current Residential Address

If different than permanent address. Cannot be an office address.

Non U.S. Address:		Residential Address:	
Street:		Street:	
City:	State/Province:	City:	State/Province:
Country:	Postal Code:	Country:	Postal Code:
Phone:	Fax:	Home Phone:	Cell Phone:
Email:		Fax:	Email:
		Address valid until (mm/dd/yyyy):	

### C. General Information

Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	U.S. Social Security Number, if applicable:
City of Birth:	Province of Birth:	Country of Birth:	
Country of Citizenship (Primary):	Other Countries of Citizenship (if applicable):	Country of Legal Permanent Residence:	

### D. Education

	Degree Level	Major Field	Degree Completion Date
U.S. Equivalent of Highest Degree:	<input type="checkbox"/> Bachelor's		<input type="checkbox"/> Completed <input type="checkbox"/> Anticipated
	<input type="checkbox"/> Master's		<input type="checkbox"/> Completed <input type="checkbox"/> Anticipated
	<input type="checkbox"/> Doctorate - Type: <input type="checkbox"/> Ph.D. <input type="checkbox"/> M.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> J.D. <input type="checkbox"/> DMD <input type="checkbox"/> Other: _____		<input type="checkbox"/> Completed <input type="checkbox"/> Anticipated
	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Completed <input type="checkbox"/> Anticipated
Please list all professional licenses and certificates (not educational degrees) that you hold (e.g., medical or dental licenses). Use separate page if necessary. Attach copies if required by BU position:			Do you plan to take classes at BU?  <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain on separate page

**E. U.S. Immigration Summary**

Please list your entire history of visits to the U.S. If you need additional space, please continue on a separate sheet.  
It is not necessary to include time spent in visitor status (i.e., B-1, B-2, WT, WB).

Dates in the U.S.		Immigration Status (visa classification)	Employer or Host Institution
Date Status Began	Date Status Ended		

**F. U.S. Immigration History****Current U.S. Presence and Lawful Status**

1. Are you currently in the U.S.?	No	Yes	<input type="checkbox"/> I am requesting a program transfer or extension of my current immigration status. <input type="checkbox"/> I am requesting a change of immigration status. <input type="checkbox"/> I will be leaving the U.S. and returning before I begin my appointment at Boston University (complete Section H below to indicate your travel plans).	
	Please provide the following information about your current status:			
	My current immigration status is:		J1	
	The date of my last entry to the U.S. is:		____ / ____ / ____	
	I-94 Number:		# _____	
	If under immigration sponsorship (J-1, H-1B) with another employer or institution, the date on which my activity or employment with that institution will end:		____ / ____ / ____	

**U.S. Lawful Permanent Residence**

2. Have you ever applied for lawful U.S. permanent resident status (a "Green Card") or has anyone ever applied for you?

No

Yes

*\* Please include complete documentation pertaining to any U.S. Permanent Residence petition with this request, including all USCIS receipts, approvals, notices, employment authorizations, etc.*

If you checked "Yes" on question 2, please explain below:

Has a Labor Certification ever been filed on your behalf?	No	Yes	Priority Date	By Whom (Petitioner)?	Status of Petition?
Has an Immigrant Petition (I-130/I-140) ever been filed on your behalf?	No	Yes	When?	By Whom (Petitioner)?	Status of Petition?
Have you ever filed an I-485 Application to Adjust Status in the U.S.?	No	Yes	When?	Which USCIS Office?	Status of Petition? A#
Have you ever applied for an Employment Authorization Document (EAD) as a Pending Lawful Permanent Resident?	No	Yes	When?	Which USCIS Office?	Status of Petition? EAC #

**Immigration History - General**

3. Have you ever been arrested or convicted of a crime in the U.S.?	No	Yes	Please explain on a separate sheet.
4. Have you ever been in removal ("deportation") proceedings in the U.S.?	No	Yes	Please explain on a separate sheet.
5. Have you ever been granted H-1B status?	No	Yes	Please include dates in immigration history below.
6. Have you ever been denied H-1B, O-1, J-1 or TN status?	No	Yes	Please explain on a separate sheet.

Past J Program Participation				
7. Have <u>you</u> have ever been granted J status (J-1 or J-2 dependent)?		No	Yes <i>Please answer 8.a. below</i>	
8. Has <u>your spouse</u> ever been granted J status (J-1 or J-2 dependent)?		No	Yes <i>Dates of J Program: _____</i>	
8. a. If you or your spouse held J status, where you (or they) subject to the two-year home residence requirement (212e)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – If you or your spouse were subject to the two-year home residence requirement based on participation in a J program, please check the appropriate box below:		
		<i>Me</i>	<i>My Spouse</i>	Two-Year Home Residence Requirement:
		<input type="checkbox"/>	<input type="checkbox"/>	<i>Still subject to the requirement.</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<i>Applied for a waiver of the requirement.</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<i>Application for a waiver of the requirement was approved (copy attached).</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<i>Satisfied the requirement by living in home country for at least two years.</i>
		<input type="checkbox"/>	<input type="checkbox"/>	<i>Not applicable</i>
* Please include <u>complete</u> documentation related to any past period of sponsorship in J status for yourself or your spouse including Forms DS-2109 or IAP-66, visa stamps, as well as any documentation related to a any Advisory Opinion or request for a Waiver of the Two-Year Home Residence Requirement.				

**G. Family Information**

Your spouse and your children (under the age of 21) are eligible to apply for dependent visas to accompany you to the U.S. or to follow to join you at a later time. Please complete the information below about each dependent whether or not they will be included in your visa/status applications.

1. Do you have any dependents (as defined above)?	No	Yes How many? _____
2. Are your dependents currently in the U.S.?	No	Yes
3. Will your family join you in the U.S.?	No	Yes They will travel with me. Yes They will join me at a later time. Expected date of U.S. arrival: ____/____/____

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Family Name				
First Name(s)				
Middle Name(s)				
Date of Birth				
E-mail address	VALERIAMARCIA88@gmail.com			
City of Birth				
Country of Birth				
Country of Citizenship				
Country of Legal Permanent Residence				
Relationship*				
Current immigration status, if in U.S.				
Should a dependent immigration document be issued for this person (J status) or will this person be submitting an application for dependent extension or change of status (H or O status)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Please write "Wife," "Husband," "Son," or "Daughter" if completing by hand. If you have more than four dependents, list them on an additional sheet.

**H. International Travel Plans**

Do you have any international travel plans during the time your case will be in process with the ISSO or the USCIS? ☐ Yes ☐ No

Please list below *any* international travel plans as these may affect your immigration status and/or the processing of this request (including all international travel within the next 6-8 months). This is particularly important if you are currently in the U.S. and plan to travel *out* of the U.S. before this application or petition is approved; or if you are currently outside the U.S. and plan to travel *to* the U.S. before this application or petition is approved. Please include anticipated travel to and from Canada. If there is not enough space here to list all of your travel dates and destinations, please attach a separate sheet. If your international travel plans change while your case is pending with the ISSO or with the USCIS, it is imperative that you inform the ISSO immediately as this may affect your case. Failure to notify the ISSO of international travel plans may jeopardize or delay processing on your case.

Date of U.S. Departure	Date of U.S. Reentry	Destination

**I. Visa Application Information**

If you must apply for a visa prior to entering the U.S. in order to begin (or continue) your academic activity or employment, to which U.S. embassy or consulate will you apply?

Country: \_\_\_\_\_ City: \_\_\_\_\_

**J. Last Position Held in Home Country (J-1 Applicants Only)**

Please give the title and a brief description of the most recent (or current) position held in your country of citizenship or country of last legal permanent residence.

Please choose the category that best describes the employer of the above position:

- ☐ Government
 ☐ Academic Community
 ☐ Private Sector
 ☐ The Arts or Sports  
☐ Labor Union/Organization
 ☐ Communications/Media
 ☐ Military

**K. Source of Financial Support (J-1 Applicants Only)**

This section must be completed only by those scholars seeking J Exchange Visitor status (visa). The Exchange Visitor Program regulations require that all J-1 scholars and their dependents, if applicable, demonstrate full funding for the duration of their program. Please refer to our [Minimum Funding Requirements for Scholars in J-1 Status](#) for the current minimum funding requirement. If you are not receiving full funding from Boston University, you must submit original financial documentation and/or letter(s) of support demonstrating sufficient financial support for the duration of your academic appointment. All documents must be written in English and converted to U.S. currency. If you will be accompanied by dependents (i.e., children under the age of 21 and/or spouse) proof of additional funding must also be submitted.

**Source of Financial Support (for duration of appointment)**

Boston University salary (if any):	U.S. \$
U.S. Government Agency:	U.S. \$
International Organization(s):	U.S. \$
The exchange visitor's government:	U.S. \$
The bi-national commission of the visitor's country:	U.S. \$
All other organizations providing support (please specify):	U.S. \$
Personal Funds:	U.S. \$

**Total Funding:** U.S. \$

**Certification (required signature for all scholars)**

- I have completed this form and have represented the biographical information, immigration history and academic credentials for myself and any dependent family members (if applicable) completely and accurately, to the best of my knowledge.
- I have submitted all requested supporting documentation listed on the [International Scholar Application Checklist](#).
- I understand that it is my responsibility to notify the ISSO immediately if there is any change to the biographical information, immigration history, U.S. legal status (including active U.S. employment), academic credentials or international travel plans for myself or my dependent family members as these may impact immigration processing on my case.
- I give my permission to the ISSO to access my U.S. arrival/departure information, from the U.S. Customs and Border Patrol website [<https://i94.cbp.dhs.gov/I94/request.html>] if required for processing related to this sponsorship request.

\_\_\_\_\_  
Signature of Scholar\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date (mm/dd/yyyy)**Additional Attestations (For H-1B, O-1 and TN Applicants Only)**

- I understand that my access to materials, technology, information, data and services in connection with my work for Boston University is governed by United States Control Laws. I have read the information concerning Export Control Laws provided by the University at <http://www.bu.edu/orc/export/>. I certify that I will not undertake any of the following activities without approval from my BU Host (as indicated on Form A of this request):
  - o I will not agree – either formally or informally – to accept confidential materials, technology, information or data without approval from the Department Host.
  - o I will not agree – either formally or informally – to limit or restrict my, the academic Department's or the University's right to disseminate and publish the results of our research freely.
  - o I will not travel outside of the United States in connection with my work for the University.

\_\_\_\_\_  
Signature of Scholar\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date (mm/dd/yyyy)