

**Section I: Visitor Information**

\_\_\_\_\_  
LAST/FAMILY NAME

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
U.S. Residential Address: Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number: Home

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Work

\_\_\_\_\_  
Fax

Gender: ☐ Male

Marital Status: ☐ Single

☐ Married

☐ Female

☐ Other, please indicate: \_\_\_\_\_

\_\_\_\_\_  
City of Birth

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Country of Citizenship

Permanent Address in Home Country:

\_\_\_\_\_  
Home or Apartment # and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal Code

**Section II: Immigration Information**

**U.S. Entry Information:**

Are you currently in the U.S.? ☐ Yes ☐ No

• If yes, please indicate your current immigration status: \_\_\_\_\_

• If yes, please provide the 11-digit number on your Form I-94: \_\_\_\_\_

**Passport Information:**

Do you have a passport valid 6 months into the future? ☐ Yes ☐ No

• If yes, please provide the information below:

\_\_\_\_\_  
Name (as it appears on the passport)

\_\_\_\_\_  
Country of Issuance

\_\_\_\_\_  
Date of Expiration

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**J Exchange Visitor Information:**

Have you ever been in the U.S. on J-1 or J-2 visa status? ☐ Yes ☐ No

- If yes, please attach to this form a chronological listing of all previous Exchange Visitor training, to include begin date, departure date, status (e.g. Researcher, Student, Trainee, etc.), program sponsor(s), and name(s) of training institution(s) with legible copies of all DS-2019 or IAP-66 forms issued to you and/or your dependents.
- If yes, were you sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG)?  
☐ Yes ☐ No
- If yes, were/are you subject to the 2-year home residency requirement? ☐ Yes ☐ No
  - If yes, have you applied for a waiver of the 2-year home residency requirement? ☐ Yes ☐ No
  - If yes, please explain using the space below on what grounds did you seek the waiver:

- If yes, please use the space below to provide the status and case number of your waiver:

\_\_\_\_\_

Status

\_\_\_\_\_

Case Number

- If yes, attach to this form a copy of the waiver recommendation and/or waiver approval.

**H Visa Information:**

Have you ever been in the U.S. on the "H" classification (e.g. H-1B, H-4, etc.)? ☐ Yes ☐ No

- If yes, please provide the information below detailing your previous stay(s) in the U.S.:

**Year      Dates you were physically present in U.S.      H Visa Status Classification**

2011      \_\_\_\_\_      \_\_\_\_\_

2010      \_\_\_\_\_      \_\_\_\_\_

2009      \_\_\_\_\_      \_\_\_\_\_

2008      \_\_\_\_\_      \_\_\_\_\_

2007      \_\_\_\_\_      \_\_\_\_\_

2006      \_\_\_\_\_      \_\_\_\_\_

2005      \_\_\_\_\_      \_\_\_\_\_

If you were physically present in the U.S. prior to 2005 on the "H" classification, please list all periods of stay below:

- If yes, and you were in the U.S. on the H-1B visa, did you depart the U.S. for any length of time during the approved period of validity? ☐ Yes ☐ No
  - If yes, please use the space below to provide 1) dates of departure from the U.S.; 2) dates of return to the U.S.; and 3) travel destination outside the U.S. (please attach a separate sheet if needed). You must also provide legible copies of any documents issued to you and your dependents as evidence of your departure and return to the U.S.

If you answered yes to any of the questions in this section, you must attach to this form legible copies (front and back) of all immigration documents issued to you and your dependents, such as passport showing expiration date and personal information, Form I-94, or Form I-797.

**Permanent Residency Information:**

Have you filed an application for permanent residency (green card) with the U.S. government? ☐ Yes ☐ No

- If yes, under what category? ☐ Family ☐ Employment ☐ Lottery
- If yes, what is the status of the application? \_\_\_\_\_
- If employment based, what category (e.g. Outstanding, National Interest, etc.)?  
\_\_\_\_\_
- If employment based, was the application self petition or employer petition? ☐ Self ☐ Employer
- If employment based, please provide a copy of the USCIS receipt notice.

Have you filed an I-485 Adjustment of Status Application with the U.S. government? ☐ Yes ☐ No

- If yes, do you have an Advance Parole (I-131)? ☐ Yes ☐ No
- If yes, do you have an Employment Authorization Document (EAD)? ☐ Yes ☐ No
- If yes, please provide copies of all of the above (e.g. I-485, Advance Parole, EAD)

**Section III: Dependent Information**

Do you currently have a spouse or unmarried child (under the age of 21) in the U.S. who will require H-4 status?

☐ Yes ☐ No

Will you be accompanied by your spouse or unmarried child (under the age of 21) who will seek H-4 status abroad?

☐ Yes ☐ No

- If you answered yes to either of the two preceding questions, please provide the following information:

**Spouse**

\_\_\_\_\_  
LAST/FAMILY NAME

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
City of Birth

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Country of Legal Permanent Residence

Has your spouse ever been on J-1 or J-2 status? ☐ Yes ☐ No

- If yes, has your spouse been recommended for and/or granted a waiver of the two-year home residency obligation?  
☐ Yes ☐ No
  - If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.

**Child**

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter
Has your child ever been on J-1 or J-2 status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"><li>• If yes, has your child been recommended for and/or granted a waiver of the two-year home residency obligation? <input type="checkbox"/> Yes    <input type="checkbox"/> No</li><li>○ If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.</li></ul>		

**Child**

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)	_____ City of Birth	_____ Country of Birth
_____ Country of Citizenship	_____ Country of Legal Permanent Residence	<input type="checkbox"/> Son <input type="checkbox"/> Daughter
Has your child ever been on J-1 or J-2 status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"><li>• If yes, has your child been recommended for and/or granted a waiver of the two-year home residency obligation? <input type="checkbox"/> Yes    <input type="checkbox"/> No</li><li>○ If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.</li></ul>		

I certify under penalty of perjury that the above information is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_