

Office of International Affairs

Biodata Information Form

Section I: Visitor Information								
LAST/FAMILY NAME		First/Gi	First/Given Name		Middle			
Date of Birth (MM/DD/YYYY)		Email A	ddress					
U.S. Resid	lential Address: Street		City	State	Zip Code			
Telephone	e Number: Home	Cell		Work	Fax			
Gender:	Male	Marital Status:	Single	Married				
	Female		Other, ple	ease indicate:				
City of Bir	rth	Country	of Birth		Country of Citizenship			
Permanent Address in Home Country:		ry: Home o	Home or Apartment # and Street					
		City			State/Province			
		Country			Postal Code			
Section II: Immigration Information								
	Information: urrently in the U.S.?] Yes						
If yes, please indicate your current immigration status:								
• l	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								
• 1	If yes, please provide the information below:							
1	Name (as it appears on the passport)							
Ō	Country of Issuance	Date of	Expiration					

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		· 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							
(depend	ents.					
		ere you sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG)? Yes No					
• 1	o O	s, 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:					
	0	If yes, please use the space below to provide the status and case number of your waiver:					
		Status					
		Case Number					
	0	If yes, attach to this form a copy of the waiver recommendation and/or waiver approval.					
H Visa Info							
-		een in the U.S. on the "H" classification (e.g. H-1B, H-4, etc.)?					
Year I	Dates y	ou were physically present in U.S. H Visa Status Classification					
2013							
2012							
<u>2011</u>							
2010							
2009							
2008							
2007							
If you we	re physi	cally present in the U.S. prior to 2005 on the "H" classification, please list all periods of stay below:					
• 1	If yes, a approve	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 ed 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.					

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If you answered yes to of the any 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? \square Yes \square No							
If yes, under what category? ☐ Family							
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?							
• If yes, has your spouse been recommended for and/or granted a waiver of the two-year home residency obligation?							
☐ Yes ☐ No							
o If yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.							

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Child								
LAST/FAMILY NAME	First/Given Name	Middle						
Date of Birth (MM/DD/YYYY)	City of Birth	Country of Birth						
Country of Chicagolia	Country of Lord Downson and Docidence	Son Daughter						
Country of Citizenship	Country of Legal Permanent Residence							
Has your child ever been on J-1 or J-2 status? Yes No								
 If yes, has your child been recommended for and/or granted a waiver of the two-year home residency obligation? 								
☐ Yes ☐ No								
o 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						
		Son Daughter						
Country of Citizenship	Country of Legal Permanent Residence							
Has your child ever been on J-1 or J-2 status? 🗌 Yes 📗 No								
 If yes, has your child 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. 								
I certify under penalty of perjury that the above information is correct.								
Signature:	D	ate:						

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