



# Application for Waiver of the Foreign Residence Requirement (Under Section 212(e) of the INA, as Amended)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-612  
OMB No. 1615-0030  
Expires 03/31/2017

For USCIS Use Only			
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▶ **START HERE - Type or print in black ink.**

## Part 1. Information About You

1. Alien Registration Number (A-Number) (if any)

▶ A-

2. USCIS ELIS Account Number (if any)

▶

## Your Full Name

3.a. Family Name (Last Name)

3.b. First Name (Given Name)

3.c. Middle Name

**Provide other names you have used, including maiden name, aliases, and tribal names.**

4.a. Family Name (Last Name)

4.b. First Name (Given Name)

4.c. Middle Name

5.a. Family Name (Last Name)

5.b. First Name (Given Name)

5.c. Middle Name

## Your Mailing Address

6.a. Street Number and Name

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town

6.d. State

6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

**If you are currently living abroad, enter your last address in the United States.**

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State

7.e. ZIP Code

## Other Information

8. Date of Birth (mm/dd/yyyy)

9. City/Town/Village of Birth

10. Country of Birth

11. Country of Citizenship or Nationality

## Part 1. Information About You (continued)

12. Country of Last Foreign Residence

## Part 2. Reason for Foreign Residence Requirement

I believe I am subject to the foreign residence requirement because (Select **all** applicable boxes):

1. ☐ I participated in an exchange program that was financed by an agency of the U.S. Government or the government of my country of citizenship or nationality or last foreign residence, for the purpose of promoting international education and cultural exchange.

2. ☐ An agency of the U.S. Government or the government of my country of citizenship or nationality or last foreign residence gave me a grant (such as a Fulbright grant), stipend, or allowance for the purpose of participating in an exchange program.

Enter the name of the U.S. Government agency or country of citizenship or nationality or last foreign residence

3. ☐ I became an exchange visitor after the U.S. Secretary of State designated my country of citizenship or nationality or last foreign residence as clearly requiring the services of persons with my specialized knowledge or skill.

4. ☐ I entered the United States as, or my status was changed to, an exchange visitor on or after January 10, 1977, to participate in graduate medical education or training.

## Part 3. Reason for Application for Waiver of Foreign Residence Requirement

I am applying for a waiver of the foreign residence requirement because (Select **only one** box):

1. ☐ My departure from the United States would impose exceptional hardship on my U.S. citizen or lawful permanent resident spouse or children.
2. ☐ I cannot return to my country of citizenship or nationality or last foreign residence because I would be subjected to persecution on account of race, religion, or political opinion.

**IMPORTANT ADVISORY:** If you selected **Item Number 1.** in **Part 3.**, you must attach a statement providing a detailed explanation why you believe that your compliance with the two-year foreign residence requirement of section 212(e) of the Immigration and Nationality Act (INA) would impose exceptional hardship on your U.S. citizen or lawful permanent resident spouse or children. You must also sign and date the statement. If you do not include this statement, your application is incomplete. In your statement, you must also include all pertinent financial information regarding your and your spouse's income and savings. You must also attach any available evidence that supports your claims of hardship.

If you selected **Item Number 2.** in **Part 3.**, you must attach a statement that details the reasons why you believe you cannot return to your country of citizenship or nationality or last foreign residence because you would be subject to persecution on account of race, religion, or political opinion. You must also sign and date the statement and attach any available evidence that supports your claims of persecution. (See the **General Requirements** section of the Instructions for additional information.)

List all J-2 dependents that are included in this application. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

## Information About Spouse

- 3.a. Family Name (Last Name)

- 3.b. First Name (Given Name)

- 3.c. Middle Name

- 3.d. Date of Birth (mm/dd/yyyy)

- 3.e. Country of Birth

- 3.f. Country of Citizenship or Nationality

- 3.g. Country of Last Foreign Residence

**Part 3. Reason for Application for Waiver of Foreign Residence Requirement (continued)**

**Information About Children**

If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

4.a. Family Name (Last Name)

4.b. First Name (Given Name)

4.c. Middle Name

4.d. Date of Birth (mm/dd/yyyy)

4.e. Country of Birth

4.f. Country of Citizenship or Nationality

4.g. Country of Last Foreign Residence

5.a. Family Name (Last Name)

5.b. First Name (Given Name)

5.c. Middle Name

5.d. Date of Birth (mm/dd/yyyy)

5.e. Country of Birth

5.f. Country of Citizenship or Nationality

5.g. Country of Last Foreign Residence

6.a. Family Name (Last Name)

6.b. First Name (Given Name)

6.c. Middle Name

6.d. Date of Birth (mm/dd/yyyy)

6.e. Country of Birth

6.f. Country of Citizenship or Nationality

6.g. Country of Last Foreign Residence

**Part 4. Additional Information About You**

If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

1. List all exchange program numbers and names or all exchange program sponsors.

  
  

**Major field of activity (Select only one box):**

- 2.a. ☐ Agriculture
- 2.b. ☐ Business Administration
- 2.c. ☐ Education
- 2.d. ☐ Engineering
- 2.e. ☐ Humanities
- 2.f. ☐ Medicine
- 2.g. ☐ Natural and Physical Sciences
- 2.h. ☐ Social Sciences
- 2.i. ☐ Other

3. Occupation

4. Date of last entry into the United States as a participant in a designated exchange program (mm/dd/yyyy)

5. Port-of-Entry (POE) of last arrival in the United States as a participant in a designated exchange program

City or Town

State

6. If you are now abroad, provide the date of your most recent departure from the United States (mm/dd/yyyy)

#### Part 4. Additional Information About You (continued)

If you are married, select **only one** box.

- 7.a. ☐ My spouse is included in this application.
- 7.b. ☐ My spouse is filing a separate application for a waiver of the foreign residence requirement.
- 7.c. ☐ My spouse is **not** included in this application.

If you selected **Item Number 1.** in **Part 3.**, provide the following information about your U.S. citizen spouse or children who you believe would suffer exceptional hardship if you resided outside of the United States for two years following your departure from the United States.

##### Name of the U.S. citizen spouse or child:

8.a. Family Name (Last Name)

8.b. First Name (Given Name)

8.c. Middle Name

U.S. citizenship of spouse or child was acquired through  
(Select **only one** box):

- 9.a. ☐ Birth in the United States
- 9.b. ☐ Naturalization
- 9.c. ☐ Parents

If your spouse or child acquired U.S. citizenship through naturalization, provide the following information for each naturalized individual.

10.a. Number of Naturalization Certificate

10.b. Date of Naturalization (mm/dd/yyyy)

10.c. Place of Naturalization

City or Town

State

If your spouse or child acquired U.S. citizenship through parents, provide the following information for your spouse and each child who obtained citizenship through parents.

11.a. Has your spouse or child obtained a Certificate of Citizenship?

☐ Yes ☐ No

11.b. If you answered "Yes" to **Item Number 11.a.**, type or print the number of the certificate.

Spouse Certificate of Citizenship Number

Date of Issuance (mm/dd/yyyy)

Child Certificate of Citizenship Number

Date of Issuance (mm/dd/yyyy)

11.c. If you answered "No" to **Item Number 11.a.**, submit evidence in accordance with the "**General Requirements**" section of the Instructions.

If you selected **Item Number 1.** in **Part 3.**, and you do not have a U.S. citizen spouse or child but you have a spouse or child who is a lawful permanent resident (LPR) of the United States, please provide the following information about your LPR spouse or child who you believe would suffer exceptional hardship if you resided outside of the United States for two years following your departure from the United States.

##### Name of the lawful permanent resident spouse or child:

12.a. Family Name (Last Name)

12.b. First Name (Given Name)

12.c. Middle Name

#### Other Information About Lawful Permanent Spouse or Child

13. A-Number (if any)

► A-

14. Date of adjustment to lawful permanent resident status  
(mm/dd/yyyy)

15. Location where your spouse or children became lawful permanent residents

City or Town

State

16. Basis (preference category) for adjusting to lawful permanent resident status (for example, **F-2A**, Spouse or unmarried child of an LPR; **F-2B**, Unmarried sons or daughters of an LPR)

## Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

**NOTE:** Read the information on penalties in the **Penalties** section of the Form I-612 Instructions before completing this part.

### Applicant's Statement

Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

**1.a.** ☐ I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center.**

**1.b.** ☐ The interpreter named in **Part 6.** has read to me every question and instruction on this application, as well as my answer to each question, in

a language in which I am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 6.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

**2.** ☐ I have requested the services of and consented to

who ☐ is ☐ is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

### Applicant's Contact Information

**3.** Applicant's Daytime Telephone Number

**4.** Applicant's Mobile Telephone Number (if any)

**5.** Applicant's Email Address (if any)

### Acknowledgement of Appointment at USCIS Application Support Center

I, , understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:

*By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.*

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application were provided by me and all supporting documents submitted with my application are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

**Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)**

***Applicant's Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that under the laws of the United States of America, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

***Applicant's Signature***

6.a. Applicant's Signature

6.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the instructions, USCIS may deny your application.

**Part 6. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

***Interpreter's Mailing Address***

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

***Interpreter's Contact Information***

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

***Interpreter's Certification***

**I certify that:**

I am fluent in English and , which is the same language provided in **Part 5., Item Number 1.b.**;

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in **Part 5., Item Number 1.b.**;

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant in the same language provided in **Part 5., Item Number 1.b.**

The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and

The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

***Interpreter's Signature***

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information concerning the preparer.

***Preparer's Full Name***

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

***Preparer's Mailing Address***

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

***Preparer's Contact Information***

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

***Preparer's Statement***

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case  
☐ extends ☐ does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this application you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

***Preparer's Certification***

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of the applicant. I completed this application based only on responses the applicant provided to me. After completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant and the applicant has informed me that he or she understands the ASC Acknowledgement.

***Preparer's Signature***

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

## Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**1.a** Family Name (Last Name)

**1.b.** First Name (Given Name)

<b>1.c.</b> Middle Name	
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2.	A-Number (if any) ► A-								
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**3.a.** Page Number **3.b.** Part Number **3.c.** Item Number

[illegible]

**4.a.** Page Number **4.b.** Part Number **4.c.** Item Number

[illegible]

**5.a.** Page Number **5.b.** Part Number **5.c.** Item Number

[illegible]

**6.a.** Page Number **6.b.** Part Number **6.c.** Item Number

[illegible]