

## H-1B BIODATA INFORMATION FORM

### Section 1: Personal Information

\_\_\_\_\_  
 Last/ Family Name                                      First/Given Name                                      Middle Name  
 \*As it appears on passport

Other Names Used (Please include nicknames, aliases, maiden name, and names from all previous marriages)

\_\_\_\_\_  
 Last/Family Name                                      First/Given Name                                      Middle Name

\_\_\_\_\_  
 Date of Birth: Month/Day/Year                                       Male or  Female                                      \_\_\_\_\_  
 Marital Status (Married/Single/Divorced/Widowed)

\_\_\_\_\_  
 U.S. Residential Address: Street # & Name                                      Apt#                                      City                                      State                                      Zip Code

\_\_\_\_\_  
 City of Birth                                      Country of Birth                                      Country of Citizenship

\_\_\_\_\_  
 Country of Legal Permanent Residence                                      E-mail Address

Applicant's Foreign Address:                                      \_\_\_\_\_  
 Street # & Name                                      Apt#                                      City

\_\_\_\_\_  
 State/Province                                      Country                                      Postal Code

## Section 2: U.S. Immigration Information

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

- If Yes, please indicate your current U.S. non-immigrant status and date of last arrival:

\_\_\_\_\_  
U.S. Non-Immigrant Status (e.g. H-1B, J-1, F-1, TN, E-3, etc.)

\_\_\_\_\_  
MM/DD/YYYY

- If Yes, please disclose all U.S. immigration history information since birth:

\_\_\_\_\_  
\_\_\_\_\_

- If Yes, please provide copies of **any and all of your immigration documents** (e.g. old and new passport copies with visa stamps along with entry/exit stamps, I-94 (front and back)/automated I-94, all I-20s, all DS-2019s, I-797 Approval/Receipt notices, EAD (front and back), any USCIS rejections letters, etc.) for **any and all periods of your stay in the U.S.**

- Date your current U.S. non-immigrant status will expire: \_\_\_\_\_

- Form I-94 Number issued on your last entry to the U.S.: \_\_\_\_\_

- A-Number (if applicable): \_\_\_\_\_

- Employment Authorization Document Number (s) (if applicable): \_\_\_\_\_

If currently in the U.S., are you planning to travel outside the U.S. in the next six months?  Yes  No

- If yes, please provide travel dates: \_\_\_\_\_ to \_\_\_\_\_ Country: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

If you are currently **outside** the U.S., list the location of the United States Embassy or Consulate at which you will apply for visa. For Canadian citizens, please provide port of entry:

\_\_\_\_\_  
City Country (this is required information)

Has any U.S. visa application of any kind filed by you, or for you, ever been denied?  Yes  No

- If yes, please provide details and location of U.S. Embassy, U.S. Consulate, or U.S. Citizenship and Immigration Services

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been subject to deportation proceedings?  Yes  No

- If yes, please provide details of status and/or outcome

\_\_\_\_\_  
\_\_\_\_\_

**Passport Information:**

Do you have a passport valid for at least six months into the future?  Yes  No

- If Yes, please provide the information below:

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

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

\_\_\_\_\_  
Expiration Date (MM/DD/YYYY)

**J Exchange Visitor Information:**

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

- ***If Yes, please provide the following:***
  - ***Chronological listing of all previous Exchange Visitor training since birth***
  - ***Begin date of DS-2019 or IAP-66***
  - ***End date of DS-2019 or IAP-66***
  - ***Departure date from U.S.***
  - ***Category of sponsorship (e.g. Alien Physician, Research Scholar, Student, Trainee, etc.)***
  - ***Program sponsor name***
  - ***Name (s) of training institution (s)***
  - ***Source of funding while on J status (e.g. U.S. Govt Agency, Intl. Organization, EV Govt., Program sponsor, personal funds, Fulbright, etc.)***
  - ***Legible copies of any and all Form DS-2019 or IAP-66 issued to you and/or your dependents since birth.***

• If Yes, were/are you subject to the two year home residency requirement?  Yes  No

• If Yes, have you applied for a waiver of the two year home residency requirement?  Yes  No

- If Yes, please explain using the space below on what category (e.g. No Objection, Interest Govt. Agency, Conrad waiver, Exceptional Hardship, etc.) did you seek the waiver:

\_\_\_\_\_  
\_\_\_\_\_

- If Yes, please use the space below to provide the category, date the waiver was filed, case status and case number of your waiver:

\_\_\_\_\_  
Status

\_\_\_\_\_  
Case Number

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

- If No, please provide evidence to establish that you have fulfilled the two-year home residency requirement by establishing that you have resided and been physically present in the country of last residence or nationality for an aggregate of at least two years following departure from the United States (e.g. U.S. entry stamps and exit stamps in passport, proof of travel arrangements, proof of domicile (rental agreements, local driver's license, etc.). **Residence in a third country does not satisfy the 212(e) rule, whether or not it meets or exceeds the required two-year period.**

- If No, please explain using the space below and provide evidence to establish that you are not subject to the two-year home residency requirement while on J status.

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**F Student Information:**

Have you ever been in the U.S. under an F-1 or F-2 visa status?       Yes       No

- ***If Yes, please provide the following:***
  - ***Chronological listing of all previous F1 student status***
  - ***Begin date of Form I-20***
  - ***End date of Form I-20***
  - ***Departure date from U.S.***
  - ***Program sponsor name***
  - ***Legible copies of any and all Form I-20 issued to you and/or your dependents***
  - ***Legible copies of Employment Authorization Card (s)***
- Have you ever been issued an employment authorization document (EAD) for Optional Practical Training (OPT) or Science Technology Engineering Mathematics (STEM) OPT in F-1 status?       Yes       No
  - If Yes, did you have more than ninety days of unemployment during your approved period of OPT?       Yes       No
  - If Yes, did you have more than sixty days of unemployment in STEM OPT?       Yes       No
- If Yes, please explain your periods of unemployment during OPT/STEM OPT in detail.

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**Please note that if you exceed the period of unemployment, you may be denied a change of status to H-1B in the U.S.; may lose all future immigration benefits; and, may be subject to Unlawful Presence rule which may bar you from returning to the U.S. for 3 years, 10 years, or permanently.**

**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 specific dates in H-1B and/or H-4 status by actual dates in each status applicable (Please use a separate sheet of paper if needed):

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During the period of the H-1B status, have you or were you ever outside the United States?       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 document issued to you and/or your dependents as evidence of departure and return to the U.S.

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

Have you had H-1B status in the past seven years?  Yes  No

If Yes, please provide information on the space below if you have ever been given the classification and/or been denied the classification you are now requesting within the last seven years.

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**U.S. Permanent Residency Information:**

Have you filed, or has anyone filed on your behalf, an application for U.S. permanent residency (green card) with the U.S. Government?

Yes  No

• If yes, please indicate under what category?  Family  Employment  Diversity Lottery

• If yes, what is the status of the application? \_\_\_\_\_

• **If yes, please attach to this form a legible copy of all USCIS notifications/receipts/approval notices**

• If employment-based, please indicate what category (e.g. Outstanding, National Interest, PERM etc.)?

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• If employment based, was the application self-petition or employer petition?

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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 document (Form I-131)?  Yes  No

• If yes, do you have an Employment Authorization document (EAD)?  Yes  No

• **If yes, please provide legible copies of all USCIS notifications/receipts/approval notices**

**Section 3: Work Experience & Education:**



Please provide your work experience & list in reverse chronological order (Attach separate sheet if more than 3 employment)

a. Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Month/Day/Year Month/Day/Year

Department: \_\_\_\_\_ Employer: \_\_\_\_\_

b. Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Department: \_\_\_\_\_ Employer: \_\_\_\_\_

c. Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Department: \_\_\_\_\_ Employer: \_\_\_\_\_

Provide Highest Level of Education (PhD, MS, etc.): \_\_\_\_\_ Institution: \_\_\_\_\_

Major/field of study on diploma/transcript: \_\_\_\_\_

## Section 4: 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 answer Yes to either of the 2 preceding questions, please provide the information below:

### Spouse

\_\_\_\_\_  
Last/Family Name (\*As it appears on passport) First/Given Name Middle Name

\_\_\_\_\_  
Date of Birth: Month, Day, Year  Male  Female

\_\_\_\_\_  
Currently in the U.S.?  Yes  No If yes, current U.S. immigration status: \_\_\_\_\_

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

\_\_\_\_\_  
Country of Citizenship Country of Permanent Residence

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

- If yes, has your spouse been recommended for and/or granted a waiver of the 2 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 Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current U.S. immigration status: _____
Currently in the U.S.?	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	
Has your child ever been on J-1 or J-2 visa 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 2 year home residency obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No</li></ul>		

***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 Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current U.S. immigration status: _____
Currently in the U.S.?	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	
Has your child ever been on J-1 or J-2 visa 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 2 year home residency obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No</li></ul>		

***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 Name
_____ Date of Birth: Month, Day, Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	
_____ Currently in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, current U.S. immigration status: _____
_____ City of Birth	_____ Country of Birth	
_____ Country of Citizenship	_____ Country of Permanent Residence	
Has your child ever been on J-1 or J-2 visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
• If yes, has your child been recommended for and/or granted a waiver of the 2 year home residency obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b><i>If Yes, please attach to this form a copy of the waiver recommendation and/or waiver approval.</i></b>		

***Disclaimer: If you and/or your dependent(s), if applicable, have violated the terms of the visa(s) status then you and/or your dependent(s) may not be eligible to apply for future visa stamp(s) in a third country. You and/or your dependent(s), if applicable, must apply for all future visa stamp(s) in your/their home country.***

**By signing below, I hereby certify under penalty of perjury that all of the information contained in this form is true and correct to the best of my knowledge. Furthermore, I understand that if I and/or my dependent(s), if applicable, has violated the terms of a visa(s) then I and/or my dependent(s), if applicable, must apply for all future visa(s) in my home country.**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return this form & supporting documents to:  
The Office of International Affairs  
7000 Fannin Street, Suite 130  
Houston, TX 77030  
Email: [utoiahouston@uth.tmc.edu](mailto:utoiahouston@uth.tmc.edu)  
Phone: (713) 500-3176  
Fax: (713) 500-3189