



Office of International Student and Scholar Services
Florida Institute of Technology
Melbourne, FL-32901
USA
Telephone 1.321.674.8053
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H-1B Beneficiary Information Form

Name exactly as written in passport: _____
Last (family) Name First Name

Gender: male female Date of Birth (m/d/y): _____

City and Country of Birth: _____

Country of Citizenship: _____ Social Security Number: _____

Passport Country of Issuance: _____ Passport Expiration Date: _____

Foreign Residential Address (required even if you are not presently living in your home country):

Current Address in the U.S.: _____

Tel: _____ (home) _____ (work) E-mail: _____

If you are outside the U.S., or if change of status cannot be granted from within the U.S., at what U.S. Consulate (or port of entry if Canadian) would you apply for a visa? _____

If you are presently in the U.S.:

Current Immigration Status: _____ I-94 Number and Expiration Date: _____

Date of Most Recent Arrival in the U.S.: _____ Visa Expiration Date: _____

Please outline all previous non-immigrant status details held in the U.S. (F, J, TN, etc.)

Are you subject to the section 212(e) - two-year home residency requirement? ___ Yes ___ No

If yes, has the requirement been completed or waived? Please include details.

Has an immigrant petition (for permanent resident status) ever been filed on your behalf? ___ Yes ___ No

If yes, please provide details, including date petition approved, denied, or whether currently pending.

Have you ever been denied nonimmigrant (temporary) status in the U.S.? ___ Yes ___ No

If yes, please provide details.

Dependents (Spouse and Children under the Age of 21)

Do you have any dependents who will be included in this application? ___ Yes ___ No

If yes, how many? _____

Provide the following information for each dependent:

Name (Last/family, First): _____

Relationship: ___ Spouse ___ Child Date of Birth: _____

City and Country of Birth: _____ Country of Citizenship: _____

If presently in the U.S.:

Current Immigration Status: ___ Date of Most Recent Arrival in the U.S.: _____

I-94 Number and Expiration Date: _____ Visa Expiration Date: _____

Name (Last/family, First): _____

Relationship: ___ Spouse ___ Child Date of Birth: _____

City and Country of Birth: _____ Country of Citizenship: _____

If presently in the U.S.:

Current Immigration Status: ___ Date of Most Recent Arrival in the U.S.: _____

I-94 Number and Expiration Date: _____ Visa Expiration Date: _____

Name (Last/family, First): _____

Relationship: ___ Spouse ___ Child Date of Birth: _____

City and Country of Birth: _____ Country of Citizenship: _____

If presently in the U.S.:

Current Immigration Status: ___ Date of Most Recent Arrival in the U.S.: _____

I-94 Number and Expiration Date: _____ Visa Expiration Date: _____

Are any of the dependents currently an applicant for an immigrant visa or adjustment of status to permanent residence? ___ Yes ___ No. *If yes, please provide details.*

Has any dependent ever been arrested or convicted of any criminal offense since last entering the United States? ___ Yes ___ No. *If yes, please provide details.*

Has any dependent done anything that violated the terms of the nonimmigrant status he/she currently holds? Yes No *If yes, please provide details:*

Is any dependent now in exclusion or deportation proceeding? Yes No
If yes, please provide details:

Has any dependent been employed in the U.S. since last admitted or granted an extension or change of status? Yes No *If yes, please provide details, including employer and a copy of USCIS employment authorization document.*

I certify that the above information is true and correct to the best of my knowledge.

Signature

Date