

SECTION A. BIOGRAPHICAL INFORMATION			
FAMILY/SURNAME:		FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH (MM/DD/YYYY)	MONTH:	DAY:	YEAR:
CITY OF BIRTH:		PROVINCE/STATE OF BIRTH:	COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:		PASSPORT NUMBER:	
PASSPORT ISSUE DATE (MM/DD/YYYY):	MONTH:	DAY:	YEAR:
PASSPORT EXPIRATION DATE (MM/DD/YYYY):	MONTH:	DAY:	YEAR:
HOME COUNTRY ADDRESS	STREET ADDRESS:		
	CITY:	STATE/PROVINCE:	
	POSTAL CODE:	COUNTRY:	
ADDRESS INSIDE OF THE U.S. (IF APPLICABLE)	STREET ADDRESS:		
	CITY:	STATE:	POSTAL CODE:
PHONE NUMBER(S):	HOME/WORK:	MOBILE:	
EMAIL ADDRESS:			

SECTION B. H-1B INFORMATION			
HOW DO YOU PLAN TO JOIN UCI AS H-1B?	<input type="checkbox"/> APPLYING FOR H-1B OUTSIDE OF THE U.S. <input type="checkbox"/> IN THE U.S. BY CHANGE OF STATUS (COS) OR CHANGE OF EMPLOYER (COE)		
HOW WILL YOU OBTAIN YOUR H-1B VISA OUTSIDE THE US? (CHOOSE ONE, MUST COMPLETE FOR ALL H-1B REQUESTS):	<input type="checkbox"/> U.S. CONSULATE <input type="checkbox"/> PORT OF ENTRY <input type="checkbox"/> PRE-FLIGHT INSPECTION* (*for Canadian citizens only)		
	CITY:	COUNTRY:	
DO YOU HAVE PLANS TO TRAVEL OUTSIDE THE U.S. (IN THE NEXT 9 MONTHS)?	<input type="checkbox"/> YES, PROVIDE DATE: <input type="checkbox"/> NO		
LIST CURRENT VISA STATUS:	START DATE OF CURRENT STATUS (MM/DD/YYYY):		
	END DATE OF CURRENT STATUS (MM/DD/YYYY):		
LAST DATE OF ENTRY TO THE U.S. (MM/DD/YYYY):		WAS YOUR LAST DATE OF ENTRY THROUGH CANADA OR MEXICO?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I-94 NUMBER:	<input type="checkbox"/> D/S (Duration of Status) <input type="checkbox"/> DATE SPECIFIC (List Date – MM/DD/YYYY): _____		
ALIEN REGISTRATION NUMBER:			

SECTION C. EDUCATION INFORMATION	
HIGHEST DEGREE OBTAINED:	<input type="checkbox"/> BACHELOR'S <input type="checkbox"/> MASTER'S <input type="checkbox"/> DOCTORATE <input type="checkbox"/> PROFESSIONAL (JD, MD, etc.)
MAJOR:	

SECTION D. IMMIGRATION HISTORY			
<b>F-1 OR F-2 STATUS</b>			
HAVE YOU EVER HELD F-1 OR F-2 STATUS?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE LIST ALL SEVIS NUMBERS FOR F-1/F-2 STATUS:			
<b>J-1 OR J-2 STATUS</b>			
HAVE YOU EVER HELD J-1 OR J-2 STATUS?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE LIST ALL SEVIS NUMBERS FOR J-1/J-2 STATUS:			
PERIOD(S) OF STAY:	FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):	
	FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):	
WERE YOU SUBJECT TO THE TWO-YEAR HOME COUNTRY PHYSICAL PRESENCE REQUIREMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, DID YOU RECEIVE A WAIVER?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
J-1 Exchange Visitors may be subject to the <b>Two-Year Home Country Physical Presence Requirement</b> and are not eligible for H-1B status until the requirement has been satisfied or waived by USCIS. If you are uncertain about whether this requirement applies to you, please consult with the UCI International Center.			
<b>H-1B OR L-1 STATUS</b>			
HAVE YOU EVER HAD H-1B OR L-1 STATUS?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE LIST STATUS AND DURATION:	<input type="checkbox"/> H-1B	START (MM/DD/YYYY):	END (MM/DD/YYYY):
	<input type="checkbox"/> L-1		
	<input type="checkbox"/> H-1B	START (MM/DD/YYYY):	END (MM/DD/YYYY):
	<input type="checkbox"/> L-1		
<b>PERMANENT RESIDENCY</b>			
ARE YOU IN THE PROCESS OF APPLYING FOR P.R.?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROVIDE DETAILS ABOUT P.R. APPLICATION (CASE NUMBER, TYPE OF APPLICATION):			
<b>EMPLOYMENT AUTHORIZATION DOCUMENT (EAD)</b>			
HAVE YOU EVER RECEIVED AN EAD?	<input type="checkbox"/> YES (COMPLETE) <input type="checkbox"/> NO		
PLEASE LIST DATES OF ALL EAD CARDS: If more space is required, please list information at the end of this form.	START (MM/DD/YYYY):	END (MM/DD/YYYY):	
	START (MM/DD/YYYY):	END (MM/DD/YYYY):	
<b>DENIALS</b>			
HAVE YOU BEEN, OR ARE YOU A PART OF ANY REMOVAL PROCEEDINGS?	<input type="checkbox"/> YES (Provide explanation below) <input type="checkbox"/> NO		
HAVE YOU EVER FILED FOR AN H-1B PETITION AND RECEIVED A DENIAL?	<input type="checkbox"/> YES (Provide explanation below) <input type="checkbox"/> NO		
HAVE YOU EVER RECEIVED A VISA DENIAL?	<input type="checkbox"/> YES (Provide explanation below) <input type="checkbox"/> NO		
HAVE YOU EVER RECEIVED A DENIAL FROM USCIS?	<input type="checkbox"/> YES (Provide explanation below) <input type="checkbox"/> NO		
PROVIDE AN EXPLANATION IF YOU ANSWERED 'YES' TO ANY OF THE QUESTIONS UNDER 'DENIALS':			

<b>SECTION E. DEPENDENT INFORMATION</b>			
DO YOU PLAN TO HAVE DEPENDENTS AS H-4 STATUS?:		<input type="checkbox"/> YES (List information below) <input type="checkbox"/> NO (Skip this section)	
<b>DEPENDENT 1</b>			
SURNAME/FAMILY NAME:		FIRST NAME:	
RELATIONSHIP TO YOU:	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
DATE OF BIRTH (MM/DD/YYYY):		CURRENT VISA STATUS (If any):	
<b>DEPENDENT 2</b>			
SURNAME/FAMILY NAME:		FIRST NAME:	
RELATIONSHIP TO YOU:	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
DATE OF BIRTH (MM/DD/YYYY):		CURRENT VISA STATUS (If any):	
<b>DEPENDENT 3</b>			
SURNAME/FAMILY NAME:		FIRST NAME:	
RELATIONSHIP TO YOU:	<input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD		
COUNTRY OF BIRTH:		COUNTRY OF CITIZENSHIP:	
DATE OF BIRTH (MM/DD/YYYY):		CURRENT VISA STATUS (If any):	
<b>ADDITIONAL INFORMATION</b>			
Please provide any information here that did not fit in the spaces given above.			