

**University at Albany  
Immigration and Visa Services**

**H-1B QUESTIONNAIRE**

Date: (mm/dd/yy)

Family Name:

Given Name:

Address:

Phone #:

Email:

Place of Birth:

Date of Birth: (month/date/year)

Sex:  Male  Female Country lived in before coming to USA:

Have you been in U.S. before?  Yes  No If yes, when:

In what immigration status? (visa):

Have you ever worked in the USA?:  Yes  No (If yes, explain on a separate sheet of paper and include SSN)

Have you ever been deported from USA?:  Yes  No If so, when:

If H-1B currently, how long have you had this status?:

Current immigration status:

When does your I-94 expire?:

When does your immigration status expire?:

If under Practical Training when did you commence it?:

If you have an EAD (Employment Authorization Document) when does it expire?:

Have you ever applied for an extension of your nonimmigrant visa?:  Yes  No If yes, when?:

What type of visa:

Date of last entry in the U.S. as shown on your I-94:

Are you married?:  Yes  No If yes, when and where:

Name of Spouse:

Child:

Date of Birth: (mm/dd/yy)

Place of Birth:

Child:

Date of Birth: (mm/dd/yy)

Place of Birth:

Child:

Date of Birth: (mm/dd/yy)

Place of Birth:

What degree(s) have you obtained?:

Field of study exactly as stated on diploma(s) or transcript(s):

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Country where degree(s) was/were obtained:

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Sponsoring Faculty Department:

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Contact person (name, telephone and, email):

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Address of Department where you will work:

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Title of position:

Annual gross salary:

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Official job description of proposed duties:

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Location of U.S. consulate to be notified of approval of petition if outside the U.S.:

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