

U.S. Visa History

University of Connecticut Health Center

Name: _____

Date: _____

Country of birth: _____

Citizenship: _____

Intended Program/Employment: _____

(Dental Res, PhD Student, Postdoc, Faculty, etc)

If you have **NO U.S. Visa History (besides B1/B2), check here:

Immigration Status <i>(i.e. - F-1, F-1/OPT, J-1, H-1B, J-2 with EAD, TN, etc. Do not include tourist B1/B2)</i>	Company/University Name <i>(if applicable)</i>	Dates FROM/TO <i>(Please be as accurate as possible with start/end dates of status. List from current status → older).</i>

For those with J Visa History

Are/Were you subject to the **Two-Year Home-Country Physical Presence Requirement** (212e): Yes No

If **yes**, check off the reason: Skills List Govt Financing Grad Medical Training

Have you ever applied for a **212(e) waiver**? Yes No

If **yes**, under what category (circle one): No Objection Statement Persecution

Hardship to a U.S. citizen Conrad Waiver Request by a U.S. Fed Govt Agency

If **yes**, have you received an **approval** of the J waiver from USCIS? Yes No

Date of Approval: _____

**For those with pending permanent residency/green card application

Have you filed an **I-140 or I-130** for permanent residency? Yes No If **yes**, do you have an **EAD**? _____

If **yes**, under what **category**, and what is the status? _____

EB-1A (Extraordinary Ability) EB-1B (Employment Based/Outstanding Researcher or Professor)

EB-2 (Employment Based/PERM) EB-2 (National Interest Waiver) Family-based/Other

Has an employer submitted a **PERM** to DOL on your behalf? Yes No

Any other information about your U.S. Visa History that would be helpful?

Signature:

Revised 07/2024