

**Rutgers Biomedical and Health Sciences
Office of International Services**

65 Bergen Street, Room GA 72, Newark, NJ 07107
Phone: 973-972-6138 Fax: 973-972-8260

Internal Application for O-1 Nonimmigrant Status - FACULTY

This internal application form is designed to assist departments in the process of sponsoring foreign nationals in faculty titles for O-1 status. The O-1 status is a non-immigrant classification used for the employment of temporary workers in the United States. All information requested in this form must be provided so that an application may then be filed by International Services with the United States Citizenship & Immigration Services (USCIS).

This form is to be completed by the sponsoring department with the approval of the its Chair and the school's Dean. The application along with all supporting documentation must then be forwarded to International Services (IS) for processing.

Before completing this form, the sponsoring department must consider the following:

- An applicant may not begin O-1 employment at RBHS without first receiving written approval from the USCIS for such employment.
- Normal processing of applications through USCIS can take up to 4 months depending upon individual circumstances.
- If the prospective temporary employee is outside the U.S., it could take up to three months for the entry visa to be issued by the U.S. consulate. Please factor this in when projecting a start date. For more information on current U.S. consulate processing times and visa application requirements, applicants may visit the Department of State (DOS) website at <http://usembassy.state.gov>.
- Although initial requests for O-1 status are typically granted for a maximum of three years, O-1 nonimmigrants may be granted extensions of stay for up to one year at a time to continue or complete activities for which they were admitted. There is no limitation on the duration of stay in the U.S. of an O-1 nonimmigrant.
- All events pertaining to the O-1 beneficiary's stay at RBHS must be reported by the sponsoring department to International Services, including arrival, extensions, transfers and termination of program within 10 days of the event taking place. The sponsoring department must inform International Services immediately upon departure of the O-1 participant, regardless of whether or not the departure was planned.
- An amended petition must be filed with the USCIS in cases where there are material changes to the O-1's eligibility or approved employment requirements (i.e. changes in job description, job title, etc.).
- The sponsoring department is required to pay the reasonable return travel expenses of the individual if he/she is dismissed from the position.
- The USCIS has developed a "Premium Processing" system by which employers may requested expedited processing of O-1 applications by submitting an additional fee of \$1,440. Please note that premium processing only guarantees that the USCIS will review the request for the O-1 within 15 working days. If the prospective employee is outside the U.S. it does not guarantee that the consulate will expedite the issuance of the visa. Visa processing times are determined by the country where the application is being submitted. Please consult with IS for further guidance.
- Mail the completed application with the supporting documentation to International Services.

SUPPORTING DOCUMENTATION CHECKLIST

Part I. the following documents must accompany **EVERY** application for O-1 sponsorship:

- Copy of approved Faculty Transaction Form (completed with **ALL** required signatures). This should be submitted for new positions or change in previously approved employment.
- Copy of preliminary offer letter tendered to the applicant by Faculty Affairs.
- Letter of support to USCIS from the sponsoring department. This letter should include the beneficiary's title, salary, proposed dates of employment, and the importance of the beneficiary to the department. It should also include a description of the efforts made to hire a suitable permanent resident or U.S. citizen worker.
- Certification regarding the release of Export Controlled Technology **Forms found on website:** <https://orra.rutgers.edu/ecformsandtemplates>
- Copy of the **official** job description from Faculty Affairs
- Copy of the biodata page from the applicant's passport
- Copy of the applicant's highest earned degree and pertinent professional certificates (with English translation)
- Copy of official credentials evaluation of the applicant's highest earned degree from an accredited agency (ie: World Education Services)
- Applicant's current resume/CV

Part II. If this is an application for **change of status**, you must submit the documentation listed in Part I, in addition to the following:

- Photocopies of the applicant's and the dependent's previously issued DS-2019, I-20 forms, EAD cards and/or any other immigration documents
- Photocopy of applicant's current I-94 card (arrival/departure)
- If subject to the two-year home residency requirement, submit a photocopy of the waiver from the Department of Justice or photocopy of the "recommendation letter" from the Department of State

Part III. If this is an application for an **extension**, you must submit the documentation listed in Part I, In addition to the following:

- Copy of Faculty Information Adjustment form and a copy of the faculty re-appointment letter.
- Photocopy of the applicant's most current I-94 card
- Photocopy of the applicant's most current I-94 card and that of his/her dependents, if applicable
- Photocopies of the applicant's three most recent pay stubs

Part IV. If this application includes dependents you must submit the following documentation:

- Form I-539 completed by the **dependent**, NOT the employee. This form can be downloaded from the IS website.
- Photocopy of the biodata page from the dependent's passport
- Photocopy of dependent's current I-94 card (arrival/departure) and any other immigration-related document

FEE STRUCTURE: Checks must be issued separately and made payable to: **US Dept of Homeland Security** *new fees effective 10/2/2020

- | | |
|--|---------|
| <input type="checkbox"/> I-129 Application fee (Initial O-1 request, transfer of the O-1 status from another institution or change of status to O-1) | \$705* |
| <input type="checkbox"/> Premium Processing | \$1,440 |
| <input type="checkbox"/> I-539 for dependents | \$400* |

INTERNATIONAL SERVICES FEES: Please refer to the transmittal form on our website:

http://rbhs.rutgers.edu/internationalservices/o_1/forms/O-1%20Application%20Fee%20Processing%20Form%20Rev12-10-18.pdf

FAILURE TO SUBMIT ALL OF THE REQUESTED DOCUMENTATION WILL RESULT IN THE DELAY OF YOUR REQUEST.

USCIS Addresses

Regular processing: USCIS, Vermont Service Center, 75 Lower Welden St., St. Albans, VT 05479

Premium processing: USCIS - Premium Processing Unit, Vermont Service Center, 30 Houghton St., St. Albans, VT 05478

**Rutgers Biomedical and Health Sciences
O-1 (Worker of Extraordinary Ability) Request**

This form must be submitted to International Services for all O-1 requests. The sponsoring department (not the applicant) must complete ALL sections of this form. Please type or print clearly.

This is an application for: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Initial O-1 approval (to be issued abroad) | <input type="checkbox"/> Extension of current O-1 status at RBHS without change |
| <input type="checkbox"/> Change in previously approved employment | <input type="checkbox"/> Transfer of the O-1 status from another institution |
| <input type="checkbox"/> Concurrent O-1 employment | <input type="checkbox"/> Change of status (in the U.S. under a different non-immigrant status) |

**A. APPLICANT'S
PERSONAL DATA**

Male Female Single Married Date of birth (mm/dd/yyyy)

Family name First name Middle name

Place of birth (Province, Prefecture, Township, District, etc. may be used where local custom or regulation requires).

Province/City Country

Country of legal permanent residence Country of citizenship

Passport # Passport expiration date Passport expiration date

Permanent address abroad:

Street name and number Apt. number

Province City Postal Code Country

Telephone numbers abroad

Home Work email address

If applicant is not currently in the U.S. indicate the location of the American consulate or Port of Entry at which the individual will apply for the O-1B1 visa.

Province Country

Anticipated date of arrival:

If applicant is currently in the U.S.:

Date of last entry into the U.S. Port of Entry I-94 card #

Current non-immigrant status:

F-1/F-2 J-1/J-2 H-1/H-4 Other (specify) Expiration date of status

Does the applicant plan to travel outside the U.S. within the next 4 months? No Yes

If yes, please indicate dates: from to

Current U.S. address and telephone numbers

Street name and number Apt. number
City State Zip Code
Home Phone Number Work Phone Number

Firm or institution where currently or previously employed/enrolled in the United States (if applicable):

Firm/Institution From to

Address of firm or institution:

Street name and number Phone Number
City State Zip Code

Highest academic degree earned: Bachelor's Master's PhD Other (specify)

Major field of study

Has the applicant earned a Master's or higher degree from a U.S. institution of higher education? No Yes

If yes, name of the U.S. institution of higher education

Address of U.S. institution of higher education

PRIOR IMMIGRATION HISTORY:

Has the applicant ever held O-1 status? No Yes

Explain:

Has the applicant ever been denied O-1 status? No Yes

Explain:

Has the applicant ever held J-1 status? No Yes If yes, provide copy of IAP-66/DS-2019

If yes, is/was the applicant subject to the two-year residency requirement? No Yes

If yes, did the applicant fulfill or receive a waiver of the requirement? No Yes
(If yes, provide copy of waiver or "No objection letter" from the Department of State)

Has a petition for Permanent Residence ever been filed on behalf of the applicant? No Yes

If yes, please explain on a separate piece of paper and attach a copy of the receipt notice from USCIS.

Has a Labor Certification (in relation to a permanent residence application) ever been filed on behalf of the applicant? No Yes

B. DEPENDENT'S INFORMATION (Please note that if dependents are currently in the U.S. the form I-539 must be completed by the dependent, not the prospective employee. Contact International Services for further instructions).

Dependent #1 Male Female

Family name Given name Middle name

Date of birth (mm/dd/yyyy) Place of birth (City/Country)

Country of legal permanent residence Country of citizenship

Relationship to the prospective employee: Spouse Son Daughter Other (specify)

Dependent is accompanying visitor **OR** Dependent will follow visitor at a later date Estimated date of arrival

Dependent #2 Male Female

Family name Given name Middle name

Date of birth (mm/dd/yyyy) Place of birth (City/Country)

Country of legal permanent residence Country of citizenship

Relationship to the prospective employee: Spouse Son Daughter Other (specify)

Dependent is accompanying visitor **OR** Dependent will follow visitor at a later date Estimated date of arrival

Dependent #3 Male Female

Family name Given name Middle name

Date of birth (mm/dd/yyyy) Place of birth (City/Country)

Country of legal permanent residence Country of citizenship

Relationship to the prospective employee: Spouse Son Daughter Other (specify)

Dependent is accompanying visitor **OR** Dependent will follow visitor at a later date Estimated date of arrival

Attach additional page for other family members, if necessary

Name of person completing this form Title

Interoffice mailing address

Email address Telephone #

D. Mailing method: GL String # to Charge UPS shipment GL String

Interoffice mail Department Contact

Send directly to the beneficiary at the following address:

Name

Address

City Postal Code Country

D. SIGNATURES OF ATTESTATION

SUPERVISOR

Printed name Signature

Title Department

Phone number Email address Date

DEPARTMENT CHAIR/DIRECTOR

Printed name Signature

Title Department

Phone number Email address Date

SCHOOL DEAN OR DESIGNEE

Printed name Signature

Title Department

Phone number Email address Date

Please return the completed form to:
Rutgers Biomedical and Health Sciences
Office of International Services
65 Bergen Street, Room GA-72 (SSB/GA-72)
Newark, NJ 07107