into English



Office of International Services (OISFS) Morgan State University 1700 E Cold Spring Lane Baltimore, MD 21251 PHONE: 443-885-4755 FAX: 443-885-8392

The chairperson of the sponsoring department should send to the appropriate Dean, a formal request for the university to petition the Department of Homeland Security on behalf of the prospective international faculty. The onus is on the Chairperson, by way of a memorandum, to satisfy the Dean (and by extension the Provost) that the individual has the requisite outstanding academic credentials, experience and scholarly potential It is only after this Office receives written approval from the Provost along with all required documentation and check(s) that processing of petition will commence.

Collect the following evidentiary requirements and send them to the attention of Provost and

Required Documents for H-1B Processing:

or Academic Affairs, Truth Hall, 300. For your convenience we have listed the nents in order of importance.
Copy of appointment memo/letter indicating proposed salary and faculty rank
Two paragraphs regarding the proposed duties at MSU, and your professional background (see pg. 10)
Printed and signed <u>H-1B Worksheet</u> (pgs. 3 - 9)
Updated copy of Curriculum Vitae
Photocopy of Doctoral diploma and Undergraduate degree diploma. If possible, please provide OIS with copies of all degrees.
Transcripts of degrees. Please ensure that translations are provided, if necessary. The following attestation must be printed and signed on each individual translation:

"I certify that I am competent to translate from

and that this is a true English translation of the attached document in the

language."
Signature of translator and date
Name / title (typed) of translator
Filing fee(s) for the Form I-129 or H petition; the Form I-539 or H-4 dependent petition; and the Form I-907 or the Premium Processing petition. Personal bank checks or money orders can be made out to: Department of Homeland Security. Go to the following website for current filing fees, and click on "Immigration Forms": http://www.uscis.gov/portal/site/uscis
If the beneficiary is in the United States, the following documents are also necessary:
Photocopy of all Form I-797(s), Form I-20s, Form DS-2019s, and/or Employment Authorization Documents indicating authorized, uninterrupted work or stay in the United States.
Copy of latest pay stub if employed by a U.S. employer
Copy of the last Form I-94 arrival/departure record issued at a U.S. Port of Entry. Please photocopies of the front and back and make sure the date of entry, and visa classification, are completely legible.
Copy of the biographical data page in beneficiary's passport bearing photograph, passport expiration date, country of permanent residency, country of citizenship, and passport number.
Copy of latest visa stamp
Copy of I-797 Approval Notice for all waivers of 212(e) if the beneficiary was in J-status.
Form I-539 for H-4 dependents and filing fee. International Services is not authorized to sign the Form I-539 on a dependent's behalf but we do file the application with the Form I-129 (H-1B) application as a courtesy. The form can be downloaded from the following address: http://www.ins.usdoj.gov/graphics/formsfee/index.htm Please follow the instructions carefully and submit the form itself in addition to all requested evidentiary documents.

H-1B WORKSHEET:

Please **type** or **print** legibly when completing this worksheet. If a question does not apply, write "n/a" but answer all questions as accurately as possible. This worksheet provides the data we need when issuing a Form I-129 (H-1B) petition.

Full name					
	(Fam	ily/Surname)	(giv	en/first)	(FULL middle name)
Sex		Female		Male	
MSU depart	ment:				
Title of appo	ointmen	t:			
Proposed A	nnual Sa	ılary:			
Present living	ıg addre	ss:			
Home phone	e				
Email addre	ss <u>:</u>				
Social secur	ity num	ber (if any):			
Date of birth	n <u>:</u>				
City and cou	intry of	birth:			
Province of	birth:				
Country of c	citizensh	iip:			
Country of 1	egal per	manent residen	ice:		

(Complete #8, #9, #10 and if you are currently in the U.S.; otherwise go to #11.)

	8.	Date and port of last arrival in the U.S.:
		(Month/day/year)
		(Port or City where you last entered the U.S.)
	9.	Form I-94#:
		Expiration date:(Attach COMPLETELY LEGIBLE photocopy - front and back)
		(If photocopy is not attached, why?) Original lost Stolen Destroyed
	10.	Present nonimmigrant classification: Expiration date:
11.		have ever been in J-1 status, have you been subject to 212(e) or the Two Year Residence Requirement?
		(Please attach a copy of the waiver and/or other evidence to support that you have met the requirements of 212(e))
12.	stamp	sular Notification is being requested you will need to apply for an H-1B visa abroad. If you'd like Consular Notification of your Approval, please list the ambassy/Consulate where you intend to apply for a visa:
		(City and Country)
13.		n the last 7 years, have you or your dependents ever been granted the lication (H-1B or H-4) we are now requesting? Yes No If "Yes",
	classif listed	or yourself and family members) dates of prior periods of stay in H ication. The US CIS requires that ALL previous periods of H employment be on H-1B applications. If you have worked for more than one H employer, list the day you STARTED with a new employer under portability provisions.

If your H-1B request was denied for any reason, please give information pertaining to the denial in addition to attaching the US CIS notice of denial indicating the service's reasoning.

[Name of institution(s)		
	[Start date, mm/dd/yy]	[End date, mm/dd/yy]
Passport #	issued by	
Date of passport issuance_		(Country)
Expiration date (month/da	y/year)	
	nould be valid for six mont ly your passport is expiring shore ervices.	
Permanent foreign address	·	
	(numbe	r and street)
(City or town)	(County, district, provinc	e or state)
(Postal code)	(Country)
Have you received a higher J.D., etc.) Y	r education degree from a U	.S. institution? (Master
	nd the address of the U.S. ins	stitution in addition to th
nighest degree awarded:		
J.D., etc.) Y	es	No

	(City or town)	(State)	(Zip code
	to work for a specific able to receive remund honorarium, etc. In or must first obtain appro- addition, if you plan to be necessary for you to	a is employer and site-specific, department within Morgan State eration of any kind from another der for you to work for another oval from US CIS by filing another or remain at MSU and participate o obtain approval from your depoyou understand this? Yes	e University. You will not be remployer, be it per diem, employer, the new employer, ther H-1B application. In e in outside employment, it partment for any such outside
	Has an immigrant visa	petition ever been filed on your	behalf? Yes No
	-	ertaining to filings of I-140, I-48 e date of receipt, and the date of	
	[Type of form]	[Date of receipt by US CIS]	[Date of appro
in		[Date of receipt by US CIS] 0, #21, #22, #23; otherwise go	
i n	the U.S., complete #2 Are you or any of yo		to #24.)
in	Are you or any of yo Yes No Have you, or any of yo	0, #21, #22, #23; otherwise go	to #24.) eportation proceedings? application, done anything w

21.	Have any of your dependents been employed in the U.S. since last admitted or granted an extension of stay or change of status? Yes No
	If "Yes" give name of dependent, name and address of employer, weekly income, and whether specifically authorized by the US CIS:
22.	If you have been in the U.S. on an H-1B, did you have any unauthorized breaks in employment (were you taken off payroll for an employer?).
	☐ Yes ☐ No.
	(If you have answered "Yes," please speak with an advisor in the International Education Services Office. This remains true of individuals who were taken off payroll yet were still within their period of authorized stay).
23.	Have you received, since obtaining a nonimmigrant status, or currently certified to receive, the following public benefits? (select all that apply).
	Any Federal, State, local or tribal cash assistance for income maintenance Supplemental Security Income (SSI)
	Temporary Assistance for Needy Families (TANF) General Assistance (GA)
	Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps") Section 8 Housing Assistance under the Housing Choice Voucher Program Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) Public Housing under the Housing Act of 1937, 42 U.S.G. 1437 ct seq. Federally Funded Medicaid
If you	, I have not received any of the above listed public benefits. have received or is currently certified to receive any of the above public benefits, the information about the public benefits below. Submit evidence.
	A. Type of Benefit
Agend	ey that Granted the Benefit
	e Beneficiary Started Receiving the Benefit or if Certified Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Commonwealth Date Benefit Ended or Expires (mm/dd/yyyy)

B. Type of Benefit	
Agency that Granted the Benefit	
Date the Beneficiary Started Receiving the Benefit or if Certified Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)	Date Benefit Ended or Expires (mm/dd/yyyy)
C. Type of Benefit	
Agency that Granted the Benefit	
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit(mrn/dd/yyyy)	Date Benefit Ended or Expires (mm/dd/yyyy)
24. Are you married? Yes No	
If you are currently in the United States and are married/har following information. If your spouse/children DO NOT ne only give their names:	
Spouse: Name (family name, given name, middle initial): _ Requires H-4 sponsorship? Yes Date of birth (month/day/year)	☐ No
Country of birth: Social Security Number: Alien# (if known): Date of Arrival in the U.S.:	
I-94#:Current nonimmigrant status:	Expires on:
Country issuing massaget.	

Children:	
Name (family name, given name, middle initial) _	
Requires H-4 sponsorship? Yes	☐ No
Date of birth (month/day/year)	
Country of birth	
Social Security Number:	
A# (if known)	
Date of Arrival in the U.S.	
I-94#	
Current nonimmigrant status :	Expires on:
Country issuing passport	
Passport expiration date (month/day/year)	
Name (family name, given name, middle initial) _ Requires H-4 sponsorship? \(\square\) Yes	
Date of birth (month/day/year)	
Country of birth	
A# (if known)	
Date of Afrival in the U.S.	
I-94#	
I-94# Current nonimmigrant status	Expires on
Country issuing passport	
Passport expiration date (month/day/year)	
Name (family name, given name, middle initial) _	
Requires H-4 sponsorship? Yes	No
Date of birth (month/day/year)	<u>—</u>
Country of birth	
Social Security Number	
$\Delta \# (if known)$	
Date of Arrival in the U.S	
Current nonimmigrant status	Expires on
Country issuing passport:	
Passport expiration date (month/day/year)	

	Name (family name, given name, middle	initial)
	Requires H-4 sponsorship? Yes	☐ No
	Date of birth (month/day/year)	
	Country of birth	
	Social Security Number	
	A# (if known)	
	Date of Arrival in the U.SI-94	<u> </u>
	Country issuing passport	
	Passport expiration date (month/day/year)	
***	*************	************
25.	I hereby certify that the information provsubmitted is true and correct.	rided on this worksheet and the evidence
	Signature	Date
	D. C. M.	-
	Print Name	

Associated Fees:

I-129: \$460.00 payable by beneficiary

Fraud Fee: \$500.00 payable by Sponsoring Dept. (MSU)

Expedited Services (optional): \$1440 payable by beneficiary

Checks are to be made payable to, **Department of Homeland Security or USCIS**

Paragraphs Describing Position and Professional Background

Write two paragraphs using the below examples for reference. The first sentence in the paragraph entitled "Description of Proposed Duties" should contain the prime objective of your position (e.g. teach undergraduate and graduate classes in English and/or conduct research). Please try to make the paragraph describing your research or publishing projects understandable to a lay reader, as the information is intended for adjudicators who may not be experts in your field.

SAMPLE PARAGRAPHS:

Professional Background and Summary of Prior Work Experience:

Dr/Mr/Ms (last name) received a B.S. degree from the Technical University of Civil Engineering in 1993, and a M.S. degree in Civil Engineering from the University of Iowa in 1996. He received a Ph.D. degree in Hydrometeorology and Water Resources from the same university in 1999. Since January of 2000, Dr/Mr/Ms (last name) has been working as a Visiting Research Associate with the National Water Authority, Baltimore, Maryland.

Description of Proposed Duties:

Dr/Mr/Ms (last name) will conduct research in politics at the Physics Research Center, UMSU. Her/His research will focus on culling data from satellite observations to estimate precipitation. Specifically, he will analyze data from the Tropical Rainfall Measuring Mission (TRMM) project. The TRMM satellite features a unique combination of instruments consisting of a precipitation radar and a radiometer. Radiometers are inexpensive instruments with an established history deployed in space to globally monitor the hydrologic resources. The space-borne precipitation radar is a cutting-edge technology with a short history and data record. From the practical point of view, it is desirable to derive methodologies to estimate precipitation from the more readily available radiometer data. Dr. X will be involved in the development of such a methodology. (Note: if you are a teaching faculty member, be sure to include your specific teaching responsibilities).

Contacting the Office of International Services

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