

O-1 REQUEST FORM – Part B: To Be Completed by Foreign National

PERSONAL INFORMATION

Family Name:	_____	Given Name:	_____	Middle Name:	_____
Current Address:	_____		City	State	Zip
Phone Number:	_____	Fax Number:	_____	E-mail:	_____
Home Country Address:	_____				
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Banner ID/WSU ID, if applicable: _____			
U.S. Social Security # (if applicable):	_____	Alien Registration # (if applicable):	_____		
Date of Birth (mo/day/year):	_____	City and Country of Birth:	_____		
Country of Citizenship:	_____	Country of Legal Permanent Residence:	_____		

IMMIGRATION STATUS INFORMATION

Has a petition for permanent residency ever been filed on your behalf?

No
 Yes, explain _____

If already in the U.S.,

Current non-immigrant status: _____ Expiration Date: _____

** If currently working for another employer as O-1, please provide copies of all O-1 approval notices.*

I-94 card #: _____ Date you entered U.S. on your current I-94: _____

Status upon entry into U.S.: _____

DEPENDENTS

Do you have any dependents in the U.S. who need to change/extend their status to O-3?

No
 Yes – please complete a Form I-539 (by dependents)

O-1 PROCESSING

Select the manner in which you plan to obtain your O-1 status:

At U.S. embassy/consulate located at _____ (city) _____ (country)
 Change of status to O-1 from another classification
 O-1 extension

(CONTINUED)

PASSPORT INFORMATION

Passport Number: _____	Expiration Date: _____
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PRIOR O-1 STATUS

<p>Has anyone ever petitioned for O-1 status for you?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please explain _____</p>
<p>Have you ever been denied O-1 status?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please explain _____</p>
<p>Have you ever held O status?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please explain _____</p>

LIST ALL PREVIOUS STAYS IN THE U.S. AND THE STATUS HELD (B-1, B-2, F-1, J-1, H-1, H-4, ETC.)

Dates of Stay	Place & Purpose of Stay	Status Held

FAMILY MEMBERS TO BE INCLUDED AS DEPENDENTS (ONLY IF ALREADY IN THE U.S.)

Family Name	Given Name	Age	Relationship	Immigration Status

ANSWER THE FOLLOWING QUESTIONS

(if you answers "YES" to any questions, please explain on a separate paper & attach copies of relevant documents).

	YES	NO
Are you or any other person included on this form, an applicant for an immigrant visa or adjustment of status to lawful permanent resident?		

Has an immigrant petition ever been filed for you or any of your dependents?		
Have you or any accompanying dependents even beer arrested or convicted of any criminal offense?		
Have any dependents been employed in the U.S. since last admitted or granted a change of non-immigrant status? If yes, give the following: name of employer, department, name of immediate supervisor, phone number, and address:		
Have you or any accompanying dependents ever been subject to the J Exchange Visitor 2-Yr Home Residency Requirement?		
Have you or any accompanying dependents ever been denied a visa, a change of status, or admission to the United States?		

EVIDENCE OF EXTRAORDINARY ABILITY

As further evidence of my professional accomplishments, I am including the following documentation (please list evidence to be submitted to establish your outstanding ability. Please do not list each individual publication):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

I certify that to the best of my knowledge, the information provided in Part B of this request form is accurate.

In addition, copies of documents submitted are exact copies of unaltered documents, and I understand that I may be required to submit original documents to an immigration or consular official at a later date.

Signature of O-1 applicant: _____ Date: _____

* PLEASE RETURN THIS FORM TO THE ADMINISTRATIVE CONTACT PERSON IN THE WSU EMPLOYING DEPARTMENT ALONG WITH REQUIRED SUPPORTING DOCUMENTS AS OUTLINED IN THE MEMO WHICH ACCOMPANIED THIS FORM FROM THE OFFICE OF INTERNATIONAL STUDENTS AND SCHOLARS.