

**E-3 REQUEST FORM – PART B (To Be Completed by Foreign National)**

*PLEASE DO NOT LEAVE ANYTHING BLANK AS INFORMATION BELOW IS REQUIRED FOR FILING.*

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**PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_  
Last/Family Name First Name Middle Name

All Other Names Used (including maiden name, etc.): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address, if different: \_\_\_\_\_  
Street City State Zip Code

Foreign Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Country of Permanent Residence (*not U.S.A.*): \_\_\_\_\_

City, Province and Country of Birth: \_\_\_\_\_  
City Province Country

Date of Birth: \_\_\_\_\_  Male  Female  Dr.  Mr.  Ms.  Mrs.  
Month/Day/Year

U.S. Social Security #: \_\_\_\_\_ WSU ID/Banner ID: \_\_\_\_\_

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**IMMIGRATION STATUS INFORMATION**

1. Class of last nonimmigrant admission to the U.S., e.g., H-1B, F-1, J-1, etc.: \_\_\_\_\_
2. Current nonimmigrant status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
3. Current I-94 number (11 digits): \_\_\_\_\_ A# (if any): \_\_\_\_\_
4. Most recent date of arrival in the U.S.: \_\_\_\_\_

Office of International Students and Scholars  
Wayne State University  
42 W. Warren, 416 Welcome Center, Detroit, Michigan 48202  
(313) 577-3422 ♦ FAX (313) 577-2962 ♦ [OISSscholars@wayne.edu](mailto:OISSscholars@wayne.edu)



Have you or any accompanying dependents <u>ever</u> 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?		
Is any person in this petition in removal proceedings?		

\* PLEASE RETURN THIS FORM TO THE ADMINISTRATIVE CONTACT PERSON IN THE WSU EMPLOYING DEPARTMENT ALONG WITH REQUIRED SUPPORTING DOCUMENTS AS OUTLINED IN THE H-1B CHECKLIST.