



Office of International Student and Scholar Services  
International Studies & Programs  
261 MSC, One University Blvd  
St. Louis, Missouri 63121  
USA  
Telephone 1.314.516.5229  
Fax 1.314.516.5636  
Email [iss@umsl.edu](mailto:iss@umsl.edu)

## Applicant for Permanent Residency – Beneficiary Information Form

Name exactly as written in passport: \_\_\_\_\_  
Last (family) Name First Name

Gender: \_\_\_ male \_\_\_ female Date of Birth (mm/dd/yy): \_\_\_\_\_

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

Country of Citizenship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current immigration status: \_\_\_\_\_ Expiration date: \_\_\_\_\_

I-94 number: \_\_\_\_\_

Passport Country of Issuance: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

Residential Address in the U.S.: \_\_\_\_\_

Tel: \_\_\_\_\_ (home) \_\_\_\_\_ (work) E-mail: \_\_\_\_\_

Highest degree held relevant to the offered position \_\_\_ Bachelor's \_\_\_ Master's \_\_\_ Doctorate

Major field(s) of study \_\_\_\_\_

Year degree completed \_\_\_\_\_ Institution \_\_\_\_\_

Address of institution \_\_\_\_\_

Are you subject to the section 212(e) - two-year home residency requirement? \_\_\_ Yes \_\_\_ No

*If yes, has the requirement been completed or waived? Please include details.*

Has an immigrant petition (for permanent resident status) ever been filed on your behalf? \_\_\_ Yes \_\_\_ No

*If yes, please provide details, including date petition approved, denied, or whether currently pending.*

Have you ever been denied nonimmigrant (temporary) status in the U.S.? \_\_\_ Yes \_\_\_ No

*If yes, please provide details.*

Please list all previous stays in the U.S. Exclude visits with a B (tourist or visitor for business) visa. Include your visa classification, dates of stay, and sponsoring institution

**Previous work experience**

List all jobs you have held during the past 3 years. Also include any other experience that qualified you for the faculty position you were offered here at UM St. Louis.

Job title \_\_\_\_\_  
Start date \_\_\_\_\_ End date \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Employer name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Tel \_\_\_\_\_  
Type of business \_\_\_\_\_  
Job details/Duties performed

Job title \_\_\_\_\_  
Start date \_\_\_\_\_ End date \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Employer name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Tel \_\_\_\_\_  
Type of business \_\_\_\_\_  
Job details/Duties performed

Job title \_\_\_\_\_  
Start date \_\_\_\_\_ End date \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Employer name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Tel \_\_\_\_\_  
Type of business \_\_\_\_\_  
Job details/Duties performed \_\_\_\_\_

**Dependents (Spouse and Children under the Age of 21)**

Name (Last/family, First): \_\_\_\_\_  
Relationship \_\_\_ Spouse \_\_\_ Child Date of Birth: \_\_\_\_\_  
City and Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
If presently in the U.S.:  
Current Immigration Status: \_\_\_\_\_ Date of Most Recent Arrival in the U.S.: \_\_\_\_\_  
I-94 Number and Expiration Date: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

Name (Last/family, First): \_\_\_\_\_  
Relationship \_\_\_ Spouse \_\_\_ Child Date of Birth: \_\_\_\_\_  
City and Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
If presently in the U.S.:  
Current Immigration Status: \_\_\_\_\_ Date of Most Recent Arrival in the U.S.: \_\_\_\_\_  
I-94 Number and Expiration Date: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

Name (Last/family, First): \_\_\_\_\_  
Relationship \_\_\_ Spouse \_\_\_ Child Date of Birth: \_\_\_\_\_  
City and Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
If presently in the U.S.:  
Current Immigration Status: \_\_\_\_\_ Date of Most Recent Arrival in the U.S.: \_\_\_\_\_  
I-94 Number and Expiration Date: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

Are any of the dependents currently an applicant for an immigrant visa or adjustment of status to permanent residence?  Yes  No *If yes, please provide details.*

Has any dependent ever been arrested or convicted of any criminal offense since last entering the United States?  Yes  No *If yes, please provide details.*

Has any dependent done anything that violated the terms of the nonimmigrant status he/she currently holds?  Yes  No *If yes, please provide details:*

Is any dependent now in exclusion or deportation proceeding?  Yes  No  
*If yes, please provide details:*

Has any dependent been employed in the U.S. since last admitted or granted an extension or change of status?  Yes  No *If yes, please provide details, including employer and a copy of BCIS employment authorization document.*

I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date