



Office of International Student and Scholar Services
 Center for International Studies
 261 MSC, 8001 Natural Bridge Road
 St. Louis, Missouri 63121
 USA
 Telephone 1.314.516.5229
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 Email 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