

Candidate Data Form

Questions about this form? Contact (701) 231-8052

[Faculty Immigration Services](#)ndsuiimmigration@ndsu.edu

Current Date: _____

NDSU DEPARTMENT: _____

Dept. Head or Host Faculty Member at NDSU: _____

*Your **Personal** Email: _____ Your US Cellphone# (____) ____ - _____**CANDIDATE INFORMATION:**

Family/Last Name: _____

Given/First Name(s): _____ Middle Name: _____

Birth date (mm/dd/yyyy): _____ (spell out month) _____ (day) _____ (year)

City of Birth: _____ Province of Birth _____ Country of Birth _____

Country of Citizenship: _____ Country of Legal Permanent Residence: _____

U.S. Social Security Number (last 4 digits of your SSN, if any): xxx – xx – _____

Dates of prior stay in **H-1B status** during last 6 years: from _____ to _____Dates of prior stay in U.S. in **J-status***: from _____ to _____Dates of prior stay in U.S. in **F-status**: from _____ to _____Has an I-130/140 ever been filed on your behalf? No ☐ Yes ☐ (If Yes, which form & category? _____)Has an I-485 ever been filed on your behalf? No ☐ Yes ☐

Current Foreign Address: _____

Preferred Consulate, if a visa is required? (city + country): _____

Please provide DS-2019s + corresponding DS-2019s for ALL J1/J2 visits (current and previous J-programs)*COMPLETE THE FOLLOWING IF YOU ARE CURRENTLY IN THE US:**

Current address, including apartment#: _____

Date of Most Recent Entry to the US: _____

Current Status: _____ I-94# _____ Expiration Date on I-94 record: _____

- If you hold F1/F2 or J1/J2 status: provide expiration date on Form I-20 or DS-2019 _____

Most recent US visa stamp: (category and expiration date, even if visa is expired): _____

If F-1 on OPT, list the validity dates on your EAD card _____ to _____

- (If OPT- EAD is yet pending, provide application receipt#): _____

Do you have any other type of EAD work authorization? No ☐ Yes ☐

- If yes, what type? (TPS, Asylum, Green Card, etc.) _____

Do you have a spouse and/or child(ren)? No ☐ Yes ☐**PLEASE LIST ALL FAMILY MEMBERS (SPOUSE AND/OR CHILDREN) ON PAGE 2****IT DOES NOT MATTER IF THEY WILL APPLY WITH YOU OR NOT**

PLEASE LIST NAMES OF DEPENDENTS EXACTLY AS THEY APPEAR IN THE PASSPORT

1. Family Name/Surname: _____ Given Name: _____
 2. Birth date (mm/dd/yyyy): _____ (spell out month) _____ (day) _____ (year)
 3. Sex: Male ☐ Female ☐ Other ☐ _____
 4. Relationship to Candidate: Husband ☐ Wife ☐ Son ☐ Daughter ☐ Other ☐ _____
 5. City of Birth: _____ Province of Birth _____ Country of Birth _____
 6. Country of Citizenship: _____ Country of Legal Permanent Residence: _____
 7. U.S. Social Security Number/ ITIN Number: xxx-xx- _____
 8. Current Status: _____ Expiration: _____ I-94#: _____
 9. Dates of prior stay in: F-status: _____ to _____
Dates of prior stay in: J-status: _____ to _____
Dates of prior stay in: H-status: _____ to _____
 10. Has this dependent ever applied for an I-130/140 No ☐ Yes ☐ An I-485? No ☐ Yes ☐
 11. Does this dependent have any other type of EAD work authorization? No ☐ Yes ☐
 12. Dependent's personal email address? _____
-

1. Family Name/Surname: _____ Given Name: _____
 2. Birth date (mm/dd/yyyy): _____ (spell out month) _____ (day) _____ (year)
 3. Sex: Male ☐ Female ☐ Other ☐ _____
 4. Relationship to Candidate: Husband ☐ Wife ☐ Son ☐ Daughter ☐ Other ☐ _____
 5. City of Birth: _____ Province of Birth _____ Country of Birth _____
 6. Country of Citizenship: _____ Country of Legal Permanent Residence: _____
 7. U.S. Social Security Number/ ITIN Number: xxx-xx- _____
 8. Current Status: _____ Expiration: _____ I-94#: _____
 9. Dates of prior stay in: F-status: _____ to _____
Dates of prior stay in: J-status: _____ to _____
Dates of prior stay in: H-status: _____ to _____
 10. Has this dependent ever applied for an I-130/140 No ☐ Yes ☐ An I-485? No ☐ Yes ☐
 11. Does this dependent have any other type of EAD work authorization? No ☐ Yes ☐
 12. Dependent's personal email address? _____
-

1. Family Name/Surname: _____ Given Name: _____
2. Birth date (mm/dd/yyyy): _____ (spell out month) _____ (day) _____ (year)
3. Sex: Male ☐ Female ☐ Other ☐ _____
4. Relationship to Candidate: Husband ☐ Wife ☐ Son ☐ Daughter ☐ Other ☐ _____
5. City of Birth: _____ Province of Birth _____ Country of Birth _____
6. Country of Citizenship: _____ Country of Legal Permanent Residence: _____
7. U.S. Social Security Number/ ITIN Number: xxx-xx- _____
8. Current Status: _____ Expiration: _____ I-94#: _____
9. Dates of prior stay in: F-status: _____ to _____
Dates of prior stay in: J-status: _____ to _____
Dates of prior stay in: H-status: _____ to _____
10. Has this dependent ever applied for an I-130/140 No ☐ Yes ☐ An I-485? No ☐ Yes ☐
11. Does this dependent have any other type of EAD work authorization? No ☐ Yes ☐
12. Dependent's personal email address? _____