

Candidate Data Form

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

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

Date: _____

HOST/ HIRING DEPARTMENT AT NDSU: _____

Host Faculty Member at NDSU: _____

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

Perspective Scholar / Employee

Family/Last Name: (Exactly as in passport) _____

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

Birth date: _____, _____
(spell out month) (day) (year)

Country of Birth: _____ Province of Birth _____ City 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-140 ever been filed on your behalf? No ☐ Yes ☐Has an I-485 ever been filed on your behalf? No ☐ Yes ☐

Current Foreign Address: _____

If it is determined that a US visa is required, what Consulate do you prefer? (city + country): _____

Complete the following if you are currently in the U.S.

Current/Full address in the U.S.: _____

Date of Most Recent Entry to the United States: _____

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

Most recently issued U.S. visa stamp: List category and expiration (even if visa is expired):

Expiration date on Form I-20 or Form DS 2019 (F and J status only): _____

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

- (If OPT- EAD not yet issued list application receipt#): _____

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

If yes, what type of work authorization? (TPS; combo work/travel; Asylum) _____

Do you have a spouse and/or children? No ☐ Yes ☐

Please list ALL family members (spouse and/or children) on page 2 –
it does not matter if they will apply for a visa or not

Please list names of dependents exactly as they appear in the passport.

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

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 9. **I-94#** _____ **Current Status and Expiration Date** _____
 10. **Dates of prior stay in: F-status:** _____ to _____
Dates of prior stay in: J-status: _____ to _____
Dates of prior stay in: H-status: _____ to _____
 11. Has this dependent ever applied for an I-140 and/or I-485? No ☐ Yes ☐
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