

## **Candidate Data Form**

Questions about this form? Contact (701) 231-8052 <a href="mailto:ndsu.immigration@ndsu.edu">ndsu.immigration@ndsu.edu</a>

| Current Date:                            |                             |               |            |                         |                     |                  |
|--|-----------------------------|---------------|------------|-------------------------|---------------------|------------------|
| NDSU DEPARTMENT:                         |                             |               |            |                         |                     |                  |
| Dept. Head or Host Faculty N             |                             |               |            |                         | _                   |                  |
| •  | Your US Cellphone# (        |               |            |                         |                     |                  |
|  |                             |               |            |                         |                     |                  |
| <b>Candidate Information</b>             |                             |               |            |                         |                     |                  |
| Family/Last Name:                        |                             |               |            |                         |                     |                  |
| Given/First Name(s):                     | Middle Name:                |               |            |                         |                     |                  |
| Birth date                               | (spe                        | ll out month) |            | (day)                   | (year)              |                  |
| City of Birth:                           | Province of Birth           |               |            | Country o               | f Birth             |                  |
| Country of Legal Permanent               | Residence:                  | tesidence:    |            | Country of Citizenship: |                     |                  |
| U.S. Social Security Number              | (last 4 digits of your SSN, | only, if any) | ): xxx – x | x                       |                     |                  |
| Foreign Address (including p             | rovince & postal code):     |               |            |                         |                     |                  |
| Dueformed Computate if a visc            |                             |               |            |                         |                     |                  |
| Preferred Consulate, if a visa           | a is requirea? (city + coul | ntry):        |            |                         |                     |                  |
|  |                             |               |            |                         |                     |                  |
| Dates of prior stay in th                | e U.S. during last 6        | years (e      | xcludin    | g B1/B2 visi            | tor visa)           |                  |
| Visa Status:                             | from                        |               | to _       |                         |                     |                  |
| Visa Status:                             |                             |               |            | ·                       |                     |                  |
| Visa Status:                             | from                        |               | to _       |                         |                     |                  |
| Visa Status:                             | from                        |               | to _       |                         |                     |                  |
| Has an I-130/140 ever been               | filed on your behalf?       | No □          | Yes □      | (If Yes, which          | ch category?        | )                |
| Has an I-485 ever been file              | d on your behalf?           | No □          | Yes □      |                         |                     |                  |
| *For ALL J1/J2 visits (inclu             | ding current and previ      | ous), prov    | /ide copi  | es of J1/J2 vis         | sa stamps + corresp | oonding DS-2019s |
|  |                             |               |            |                         |                     |                  |
| Complete the following                   |                             |               |            |                         |                     |                  |
| Current address, including a             |                             |               |            |                         |                     |                  |
| Current Status:                          | Expiration Date on I-94     | record: _     |            |                         | _                   |                  |
| •  | J1/J2 status: provide the   | expiration    | n date on  | your I-20 or DS         | S-2019:             |                  |
| Date of last entry to the U.S.           |                             |               |            |                         |                     |                  |
|  | d to enter the U.S:         |               |            |                         |                     |                  |
| If F-1 on OPT/ STEM-OPT, I               | ist the validity dates on y | our EAD o     | ard        |                         | to                  | _                |
| <ul> <li>(If OPT- EAD is yet)</li> </ul> | pending, provide applica    | tion receip   | ot#):      |                         |                     |                  |
| Do you have any other type               | e of EAD work authoriz      | ation? N      | lo □ Ye    | es 🗆                    |                     |                  |
| <ul><li>If yes, what type? (T</li></ul>  | PS, Asylum, pending Gr      | een Card,     | etc.)      |                         |                     |                  |
| Do you have a spouse and                 | or child(ren)?              | N             | lo □ Ye    | es 🗆                    |                     |                  |

## LIST NAMES OF SPOUSE or LEGAL PARTNER and ALL MINOR DEPENDENTS UNDER AGE 21, INCLUDING U.S.-BORN

| 1. Family Name/Surname:                                      | Give                        | n Name:                               |        |  |  |  |
|--|-----------------------------|---------------------------------------|--------|--|--|--|
| 2. Relationship to Candidate: Hus                            | band □ Wife □ Son □ Da      | aughter □ Other □                     |        |  |  |  |
| 3. Birth date:   | (spell out month)           | ) (day)                               | (year) |  |  |  |
| 4. <b>Sex:</b> Male □ Female □ Othe                          | r 🗆                         |                                       |        |  |  |  |
| 5. City of Birth:  | Province of Birth           | Country of Birt                       | th     |  |  |  |
| 6. Country of Legal Permanent Re                             |                             | · · · · · · · · · · · · · · · · · · · |        |  |  |  |
| 7. Current Status:   | Expiration:                 | I-94#:                                | _      |  |  |  |
| 8. Dates of prior stay in the U.S.:                          |                             |                                       |        |  |  |  |
| Visa Status:   | from                        | to                                    |        |  |  |  |
| Visa Status:   | from                        | to                                    |        |  |  |  |
| Visa Status:   | from                        | to                                    |        |  |  |  |
| 9. Has this dependent ever application                       | ed for an I-130 or I-140?   | No □ Yes □                            |        |  |  |  |
| 10. Has this dependent ever filed                            | No □ Yes □                  |                                       |        |  |  |  |
| 11. Does dependent have any type                             |                             |                                       |        |  |  |  |
| 12. Dependent's personal email ac                            |                             |                                       |        |  |  |  |
| 12. Depondent o percenai eman a                              |                             |                                       |        |  |  |  |
|  |                             |                                       |        |  |  |  |
| 1. Family Name/Surname:                                      | Give                        | n Nama:                               |        |  |  |  |
| 2. <b>Relationship to Candidate</b> : Hus                    |                             |                                       |        |  |  |  |
|  |                             | •                                     |        |  |  |  |
|  |                             | ) (day)                               | (year) |  |  |  |
| 4. <b>Sex:</b> Male □ Female □ Othe                          |                             |                                       |        |  |  |  |
| 5. City of Birth:  |                             | · · · · · · · · · · · · · · · · · · · |        |  |  |  |
| 6. Country of Legal Permanent Re                             |                             |                                       |        |  |  |  |
| 7. Current Status:   | Expiration:                 | I-94#:                                | -      |  |  |  |
| 8. Dates of prior stay in the U.S.:                          |                             |                                       |        |  |  |  |
| Visa Status:   |                             | to                                    |        |  |  |  |
| Visa Status:   |                             | to                                    |        |  |  |  |
| Visa Status:   | from                        | to                                    |        |  |  |  |
| 9. Has this dependent ever application                       |                             |                                       |        |  |  |  |
| 10. Has this dependent ever filed an I-485 filed? No □ Yes □ |                             |                                       |        |  |  |  |
| 11. Does dependent have any type                             | e of EAD work authorization | n? No □ Yes □                         |        |  |  |  |
| 12. Dependent's personal email ac                            | ddress?                     |                                       |        |  |  |  |
|  |                             |                                       |        |  |  |  |
|  |                             |                                       |        |  |  |  |
| 1. Family Name/Surname:                                      | Give                        | n Name:                               |        |  |  |  |
| 2. Relationship to Candidate: Hus                            | band □ Wife □ Son □ Da      | aughter □ Other □                     |        |  |  |  |
| 3. Birth date:   | (spell out month)           | ) (day)                               | (year) |  |  |  |
| 4. <b>Sex:</b> Male □ Female □ Othe                          | r 🗆                         |                                       |        |  |  |  |
| 5. City of Birth:  |                             | Country of Birt                       | th     |  |  |  |
| 6. Country of Legal Permanent Re                             |                             | · · · · · · · · · · · · · · · · · · · |        |  |  |  |
| 7. Current Status:   |                             | -                                     |        |  |  |  |
| 8. Dates of prior stay in the U.S.:                          |                             |                                       | -      |  |  |  |
| Visa Status:   | from                        | to                                    |        |  |  |  |
| Visa Status:   |                             | to                                    |        |  |  |  |
| Visa Status:   |                             | to                                    |        |  |  |  |
| 9. Has this dependent ever <i>applie</i>                     |                             |                                       |        |  |  |  |
|  |                             |                                       |        |  |  |  |
| 10. Has this dependent ever filed                            |                             | No □ Yes □                            |        |  |  |  |
| 11. Does dependent have any type                             |                             | n? No □ Yes □                         |        |  |  |  |
| 12. Dependent's personal email ac                            | ddress?                     |                                       |        |  |  |  |