

Office of International Services (OIS) Morgan State University 1700 E Cold Spring Lane Baltimore, MD 21251 PHONE: 443-885-3130 FAX: 443-885-8208

The chairperson of the sponsoring department should send to the appropriate Dean, a formal request for the university to petition the Department of Homeland Security on behalf of the prospective international faculty. The onus is on the Chairperson, by way of a memorandum, to satisfy the Dean (and by extension the Provost) that the individual has the requisite outstanding academic credentials, experience and scholarly potential.

Collect the following evidentiary requirements and send them to the attention of Dr.

Required Documents for H-1B Processing:

| ret Roberts-Davis, Asst. V.P. Academic Affairs, Truth Hall, 300. For your tience we've listed the documents in order of importance. | | | |
|--|--|--|--|
| Copy of appointment memo/letter indicating proposed salary and faculty rank | | | |
| Two paragraphs regarding the proposed duties at MSU, and your professional background (see pg. 10) | | | |
| Printed and signed <u>H-1B Worksheet</u> (pgs. 3 - 9) | | | |
| Updated copy of Curriculum Vitae | | | |
| Photocopy of Doctoral diploma and Undergraduate degree diploma. If possible, please provide OIS with copies of all degrees. | | | |
| Transcripts of degrees. Please ensure that translations are provided, if necessary. The following attestation must be printed and signed on each individual translation: | | | |
| "I certify that I am competent to translate from into English and that this is a true English translation of the attached document in the language." | | | |

| Signature of translator and date |
|--|
| Name / title (typed) of translator |
| Filing fee(s) for the Form I-129 or H petition; the Form I-539 or H-4 dependent petition; and the Form I-907 or the Premium Processing petition. Personal bank checks or money orders can be made out to: Department of Homeland Security. Go to the following website for current filing fees, and click on "Immigration Forms": http://www.uscis.gov/portal/site/uscis |
| If the beneficiary is in the United States, the following documents are also necessary: |
| Photocopy of all Form I-797(s), Form I-20s, Form DS-2019s, and/or Employment Authorization Documents indicating authorized, uninterrupted work or stay in the United States. |
| Copy of latest pay stub if employed by a U.S. employer |
| Copy of the last Form I-94 arrival/departure record issued at a U.S. Port of Entry. Please photocopies of the front and back and make sure the date of entry, and visa classification, are completely legible. |
| Copy of the biographical data page in beneficiary's passport bearing photograph, passport expiration date, country of permanent residency, country of citizenship, and passport number. |
| Copy of latest visa stamp |
| Copy of I-797 Approval Notice for all waivers of 212(e) if the beneficiary was in J-1 status. |
| Form I-539 for H-4 dependents and filing fee. International Services is not authorized to sign the Form I-539 on a dependent's behalf but we do file the application with the Form I-129 (H-1B) application as a courtesy. The form can be downloaded from the following address: http://www.ins.usdoj.gov/graphics/formsfee/index.htm Please follow the instructions carefully and submit the form itself in addition to all requested evidentiary documents. |

H-1B WORKSHEET:

Please **type** or **print** legibly when completing this worksheet. If a question does not apply, write "n/a" but answer all questions as accurately as possible. This worksheet provides the data we need when issuing a Form I-129 (H-1B) petition.

| 1. | Full name | | | |
|----|---------------|---------------------|--------------|--------------------|
| | | (family/surname) | | (FULL middle name) |
| | Sex | Female | Male | |
| | MSU depart | ment | | |
| | Title of appo | ointment | | |
| | Proposed Ar | nnual Salary: | | |
| 2. | Present livin | g address | | |
| | Home phone | 2 | _ Work phone | |
| | Email addre | SS | | |
| 2. | Social secur | ity number (if any) | | |
| 3. | Date of birth | 1 | | |
| | City and cou | untry of birth | | |
| 5. | Province of | birth | | |
| 6 | Country of a | ritizenshin | | |

| 7. | Cour | Country of legal permanent residence | | |
|------|----------|--|--|--|
| (Cor | nplete # | #8, #9, #10 and if you are currently in the U.S.; otherwise go to #11.) | | |
| | 8. | Date and port of last arrival in the U.S(month/day/year) | | |
| | | (port or City where you last entered the U.S.) | | |
| | 9. | Form I-94 # | | |
| | | Expiration date (Attach COMPLETELY LEGIBLE photocopy - front and back) | | |
| | | (If photocopy is not attached, why?) Original lost Stolen Destroyed) | | |
| | 10. | Present nonimmigrant classification Expiration date | | |
| 11. | | have ever been in J-1 status, have you been subject to 212(e) or the Two Year Residence Requirement? | | |
| | | (please attach a copy of the waiver and/or other evidence to support that you have met the requirements of 212(e)) | | |
| 12. | stamp | asular Notification is being requested you will need to apply for an H-1B visa abroad. If you'd like Consular Notification of your Approval, please list the Embassy/Consulate where you intend to apply for a visa: | | |
| | | (City and Country) | | |
| 13. | | n the last 7 years, have you or your dependents ever been granted the fication (H-1B or H-4) we are now requesting? Yes No If "Yes", | | |

list (for yourself and family members) dates of prior periods of stay in H classification. The US CIS requires that ALL previous periods of H employment be listed on H-1B applications. If you have worked for more than one H employer, please list the day you STARTED with a new employer under portability provisions. If your H-1B request was denied for any reason, please give information pertaining to the denial in addition to attaching the US CIS notice of denial indicating the service's reasoning.

| 3r | d[name of institution(s)] | [start date, mm/dd/yy] | [end date, mm/dd/yy] |
|------------|---|---|--|
| | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 14. | Passport # | issued by | country) |
| | Date of passport issuance_ | (| |
| | Expiration date (month/da | y/year) | |
| | of beneficiary's stay. If | your passport is expiring sho | ns beyond the intended period rtly, please speak with the |
| | Director of International S | services. | |
| 15. | Permanent foreign address | S | and street) |
| 15. | Permanent foreign address | S | and street) |
| 15. | Permanent foreign address | (number county, district, province or st | , |
| 15. 16. | Permanent foreign address (city or town) (compostal code) Have you received a higher | (number county, district, province or st | ate) |
| | Permanent foreign address (city or town) (compostal code) (postal code) Have you received a higher J.D., etc.) Y | (number county, district, province or state of the county district, province or state of the U.S. in and the address of the U.S. in | country) S. institution? (Masters, Ph.D. No |

| | (day/month/year degree was awarded) (full street address) | | | | |
|-----|--|---|--|---|--|
| | | | | | |
| | (city | or town) | (state) | (zip code) | |
| 17. | Because the H-1B visa is employer and site-specific, this petition will only permit yo to work for a specific department within Morgan State University. You will not be able to receive remuneration of any kind from another employer, be it per diem, honorarium, etc. In order for you to work for another employer, the new employer must first obtain approval from US CIS by filing another H-1B application. In addition, if you plan to remain at MSU and participate in outside employment, it will be necessary for you to obtain approval from your department for any such outside activity in advance. Do you understand this? Yes No Has an immigrant visa petition ever been filed on your behalf? Yes No | | | | |
| 8. | | _ | | | |
| 8. | Please form ye | list all details pe ou've filed, the | ertaining to filings of I-140, I-485 date of receipt, and the date of app | s, and I-765s, including the proval. | |
| 8. | Please form ye | list all details pe | ertaining to filings of I-140, I-485 | s, and I-765s, including the proval. | |
| | Please form you | list all details peou've filed, the o | ertaining to filings of I-140, I-485 date of receipt, and the date of app | s, and I-765s, including the proval. [date of approval | |
| | Please form you | list all details per ou've filed, the of of form] | ertaining to filings of I-140, I-485 date of receipt, and the date of apple [date of receipt by US CIS] 0, #21, #22, #23; otherwise go to any of your dependents in exclusion | s, and I-765s, including the proval. [date of approval.] | |
| | Please form your little form you little litt | of form] S., complete #2 | ertaining to filings of I-140, I-485 date of receipt, and the date of apple [date of receipt by US CIS] 0, #21, #22, #23; otherwise go to my of your dependents in exclusion | s, and I-765s, including the proval. [date of approval.] | |

| 22. | Have any of your deport or granted an extension "Yes" give name of definement, and whether s | n of stay or cha ependent, name | nge of status? and address of | Yes No If employer, weekly |
|-------|--|------------------------------------|----------------------------------|--|
| | | | | |
| 23. | If you have been in the breaks in employment | | - | • |
| | ☐ Yes | | ☐ No. | |
| | . • | ffice. This rema | ins true of indi | visor in the Internation ividuals who were take rized stay). |
| Are y | you married? \(\sum \text{Yes} \) | ☐ No | | |
| follo | u are currently in the Uniwing information. If you e only give their names: | | | |
| Spou | se: | | | |
| | e (family name, given na | | ial) | |
| - | ires H-4 sponsorship? | | | ☐ No |
| Coun | of birth (month/day/year | .) | | |
| Socia | al Security Number | | | |
| A# (i | f known) | | | |
| | of Arrival in the U.S | | | |

24.

| I-94# | |
|--|------------|
| Current nonimmigrant status | Expires on |
| Country issuing passport | |
| Passport expiration date (month/day/year) | |
| Children: | |
| Name (family name, given name, middle initial) _ | |
| Requires H-4 sponsorship? Yes | ☐ No |
| Date of birth (month/day/year) | |
| Country of birth | |
| Social Security Number | |
| A# (if known) | |
| Date of Arrival in the U.S. | |
| I-94# | |
| Current nonimmigrant status | Expires on |
| Country issuing passport | |
| Passport expiration date (month/day/year) | |
| | |
| | |
| Name (family name, given name, middle initial) _ | |
| Requires H-4 sponsorship? Yes | ∐ No |
| Date of birth (month/day/year) | |
| Country of birth | |
| Social Security Number | |
| A# (if known) | |
| Date of Arrival in the U.S. | |
| I-94# | |
| Current nonimmigrant status | • |
| | |
| Passport expiration date (month/day/year) | |
| | |
| Nama (family nama given nama middle initial) | |
| Name (family name, given name, middle initial) _ Requires H-4 sponsorship? Yes | □ No |
| | |
| Date of birth (month/day/year) | |
| Country of birthSocial Security Number | |
| • | |
| A# (if known) | |
| Date of Arrival in the U.SI-94# | |
| Country issuing passport | - |
| Country issuing passport Passport expiration date (month/day/year) | |
| r assport expiration date (month/day/year) | |

| | Name (family name, given name, middle ini | tial) |
|-----|--|--------------------------------------|
| | Requires H-4 sponsorship? Yes | ☐ No |
| | Date of birth (month/day/year) | |
| | Country of birth | |
| | Social Security Number | |
| | A# (if known) | |
| | Date of Arrival in the U.S. I-94# | |
| | Current nonimmigrant status | Expires on |
| | Country issuing passport | |
| | Passport expiration date (month/day/year) _ | |
| | ************************************** | |
| 25. | I hereby certify that the information provide submitted is true and correct. | d on this worksheet and the evidence |
| | Signature | Date |
| | Print Name | |

Paragraphs Describing Position and Professional Background:

Write two paragraphs using the below examples for reference. The first sentence in the paragraph entitled "Description of Proposed Duties" should contain the prime objective of your position (e.g. teach undergraduate and graduate classes in English and/or conduct research). Please try to make the paragraph describing your research or publishing projects understandable to a lay reader, as the information is intended for adjudicators who may not be experts in your field.

SAMPLE PARAGRAPHS:

Professional Background and Summary of Prior Work Experience:

Dr/Mr/Ms (last name) received a B.S. degree from the Technical University of Civil Engineering in 1993, and a M.S. degree in Civil Engineering from the University of Iowa in 1996. He received a Ph.D. degree in Hydrometeorology and Water Resources from the same university in 1999. Since January of 2000, Dr/Mr/Ms (last name) has been working as a Visiting Research Associate with the National Institute of Standard and Technology in Gaithersburg, Maryland.

Description of Proposed Duties:

Dr/Mr/Ms (last name) will conduct research in atmospheric physics at the Atmospheric and Space Science Research Center, UMBC. His research will focus on culling data from satellite observations to estimate precipitation. Specifically, he will analyze data from the Tropical Rainfall Measuring Mission (TRMM) project. The TRMM satellite features a unique combination of instruments consisting of a precipitation radar and a radiometer. Radiometers are inexpensive instruments with an established history deployed in space to globally monitor the hydrologic resources. The space-borne precipitation radar is a cutting-edge technology with a short history and data record. From the practical point of view it is desirable to derive methodologies to estimate precipitation from the more readily available radiometer data. Dr. X will be involved in the development of such a methodology. (Note:

if you are a teaching Faculty member, be sure to include your specific teaching responsibilities).

Contacting the Office of International Services

Email:

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Mailing: Morgan State University

Office of International Services

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