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. It is only after this Office receives written approval from the Provost along with all required documentation and check(s) that processing of petition will commence.

Required Documents for H-1B Processing:

Collect the following evidentiary requirements and send them to the attention of Provost and V.P. for Academic Affairs, Truth Hall, 300. For your convenience we have 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 H-1B Worksheet (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
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) (given/first) (FULL middle name)
   
   **Sex**
   - [ ] Female
   - [ ] Male

   **MSU department:**
   
   **Title of appointment:**
   
   **Proposed Annual Salary:**

2. **Present living address:**

   ___________________________________________________________________

   **Home phone** ____________ **Work phone** _________________

   **Email address:** ________________________________

3. **Social security number (if any):** ________________________________

4. **Date of birth:** ________________________________

   **City and country of birth:** ________________________________

5. **Province of birth:** ________________________________

6. **Country of citizenship:** ________________________________

7. **Country of legal permanent residence:** ________________________________
(Complete #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. If you have ever been in J-1 status, have you been subject to 212(e) or the Two Year Home 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. If Consular Notification is being requested you will need to apply for an H-1B visa stamp abroad. If you’d like Consular Notification of your Approval, please list the U.S. Embassy/Consulate where you intend to apply for a visa:

(City and Country)

13. Within the last 7 years, have you or your dependents ever been granted the classification (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.

1st. __________________________________________________________________________

2nd. __________________________________________________________________________

3rd. __________________________________________________________________________

   [Name of institution(s)]   [Start date, mm/dd/yy]   [End date, mm/dd/yy]

14. Passport # _______________ issued by ________________________________

   Date of passport issuance ________________________________ (Country)

   Expiration date (month/day/year) ________________________________

Expiration of passport should be valid for six months beyond the intended period of beneficiary’s stay. If your passport is expiring shortly, please speak with the Director of International Services.

15. Permanent foreign address: ________________________________

   (number and street)

   (City or town)          (County, district, province or state)

   (Postal code)          (Country)

16. Have you received a higher education degree from a U.S. institution? (Masters, Ph.D., J.D., etc.) ☐ Yes ☐ No

If so, give the full name and the address of the U.S. institution in addition to the highest degree awarded:

   (Name of U.S. institution)    (Degree awarded)

   (Academic field of degree)

   (Day/month/year degree was awarded)
17. Because the H-1B visa is employer and site-specific, this petition will only permit you 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____.

18. Has an immigrant visa petition ever been filed on your behalf? Yes ___ No ___

Please list all details pertaining to filings of I-140, I-485s, and I-765s, including the form you have filed, the date of receipt, and the date of approval.

| [Type of form] | [Date of receipt by US CIS] | [Date of approval] |

(If in the U.S., complete #20, #21, #22, #23; otherwise go to #24.)

19. Are you or any of your dependents in exclusion or deportation proceedings? Yes ___ No ___. IF "Yes" EXPLAIN:

__________________________________________________________________________

__________________________________________________________________________

20. Have you, or any of your dependents included in the application, done anything which violated the terms of the nonimmigrant status you now hold? Yes ___ No ___. IF "Yes" EXPLAIN:

__________________________________________________________________________

__________________________________________________________________________
21. Have any of your dependents been employed in the U.S. since last admitted or granted an extension of stay or change of status? Yes _________ No _____.

If "Yes" give name of dependent, name and address of employer, weekly income, and whether specifically authorized by the US CIS:

________________________________________________________________________

________________________________________________________________________

22. If you have been in the U.S. on an H-1B, did you have any unauthorized breaks in employment (were you taken off payroll for an employer?).

☐ Yes  ☐ No.

(If you have answered “Yes,” please speak with an advisor in the International Education Services Office. This remains true of individuals who were taken off payroll yet were still within their period of authorized stay).

23. Have you received, since obtaining a nonimmigrant status, or currently certified to receive, the following public benefits? (select all that apply).

☐ Any Federal, State, local or tribal cash assistance for income maintenance  
☐ Supplemental Security Income (SSI)  
☐ Temporary Assistance for Needy Families (TANF)  
☐ General Assistance (GA)  
☐ Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”)  
☐ Section 8 Housing Assistance under the Housing Choice Voucher Program  
☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)  
☐ Public Housing under the Housing Act of 1937, 42 U.S.G. 1437 ct seq.  
☐ Federally Funded Medicaid

☐ No, I have not received any of the above listed public benefits.

If you have received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. Submit evidence.

A. Type of Benefit

________________________________________________________________________

Agency that Granted the Benefit

<table>
<thead>
<tr>
<th>Date the Beneficiary Started Receiving the Benefit or if Certified</th>
<th>Date Benefit Ended or Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)</td>
<td>Date Benefit Ended or Expires (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>
### B. Type of Benefit

<table>
<thead>
<tr>
<th>Agency that Granted the Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date the Beneficiary Started Receiving the Benefit or if Certified</td>
</tr>
<tr>
<td>Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

### C. Type of Benefit

<table>
<thead>
<tr>
<th>Agency that Granted the Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date the Beneficiary Started Receiving the Benefit or if Certified,</td>
</tr>
<tr>
<td>Date the Beneficiary Will Start Receiving the Benefit(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

### 24. Are you married?  
☐ Yes  ☐ No

If you are currently in the United States and are married/have children, supply the following information. If your spouse/children DO NOT need H-4 sponsorship, please only give their names:

**Spouse:**
- **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:**
- **Alien# (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):**
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: _______________ 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: _______________ 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# ______________________________
Country issuing passport ___________________________
Passport expiration date (month/day/year) ___________________________

******************************************************************************
******************************************************************************

25. I hereby certify that the information provided on this worksheet and the evidence submitted is true and correct.

Signature ___________________________ Date ___________________________

Print Name ___________________________

Associated Fees:

I-129: $460.00 payable by beneficiary
Fraud Fee: $500.00 payable by Sponsoring Dept. (MSU)

Expedited Services (optional): $1440 payable by beneficiary

Checks are to be made payable to, Department of Homeland Security or USCIS
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 Water Authority, Baltimore, Maryland.

Description of Proposed Duties:

Dr/Mr/Ms (last name) will conduct research in politics at the Physics Research Center, UMSU. Her/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

**Director:** Ms. Rosemarie Igbo  
**Email:** rosemarie.igbo@morgan.edu  
**Phone:** 443-885-4755  
**Fax:** 443-885-8392

**Mailing:** Office of International Services  
Morgan State University  
Montebello, Suite D206  
1700 E Cold Spring Lane  
Baltimore, Maryland 21251