

*OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS*

**UNH Department Data Collection Form for preparation of an  
O-1 Visa Petition on behalf of a Foreign National of "Extraordinary Ability."**

This form must be completed in full by the UNH hiring department and returned to the Office of International Students & Scholars, Hood House. The information supplied on this form will enable this office to begin the process of filing an O-1 visa petition. Be sure to attach all required documentation to this application.

Name and Address of Department: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Title of Person Who Will Sign Official Letters and Documents: \_\_\_\_\_

Name of Foreign National: \_\_\_\_\_  
Family (caps) First Middle

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
City and Country

Country of Citizenship: \_\_\_\_\_ Country of Legal Permanent Residence: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Title of Position Offered: \_\_\_\_\_

Dates of Scheduled Employment: From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

If in the U.S., current immigration status: F-1 Student \_\_\_\_\_ J-1 Student \_\_\_\_\_ J-1 Professor/Researcher \_\_\_\_\_

H-1B Temporary Worker \_\_\_\_\_ B-1/B-2 Visitor \_\_\_\_\_ Other (please describe) \_\_\_\_\_

Please provide a non-technical description of the services to be performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location where these services will be performed (address): \_\_\_\_\_

What are the minimum acceptable qualifications required to perform the position duties satisfactorily? (Minimum degree requirements, field(s) of study, number of years of experience, etc.) \_\_\_\_\_  
\_\_\_\_\_

Please describe how the foreign national meets the job responsibilities and requirements for the O-1 visa category(e.g. what significant contributions has the employee made to the field, which would qualify him/her as an alien of extraordinary ability as described by INS regulations?) Attach additional sheet if necessary.

---

---

---

---

Did you advertise for this position? Where and when? \_\_\_\_\_

Please summarize the results of you advertisement (# of resumes received, etc.): \_\_\_\_\_

Please check all that apply. This is:

- a faculty appointment covered by AAUP collective bargaining
- a faculty appointment not covered by AAUP collective bargaining
- a PAT position
- a permanently budgeted position
- a grant-funded position (please provide funding source, including U.S. government agency: \_\_\_\_\_)

- a benefits-eligible position
- a non-status position
- a full-time position (40 hours per week)
- a part-time position (number of hours per week: \_\_\_\_\_ )

This form was prepared by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current O-1 regulations require that the employer assume responsibility for the reasonable costs of return transportation of the alien abroad if the alien is dismissed from employment prior to the end of the authorized stay. The University of New Hampshire requires that the following Statement of Responsibility be signed by the Department Chair, Dean or other designated official who is authorized to commit funds in the event that this becomes necessary.

I certify that in the event the University of New Hampshire terminates its employment relationship with \_\_\_\_\_ prior to \_\_\_\_\_ funds will be made  
(name of employee) (ending date of employment period being requested)

available for the cost of his/her return transportation abroad, as required by the immigration act of 1990. It is my understanding that this responsibility does not apply in the following scenarios: 1) if the alien is dismissed from service for good cause; 2) if the alien violates the terms of his/her visa status; and/or 3) if the alien becomes the beneficiary of another employer's H-1B visa petition.

---

Name (type or print) Title Date

Signature \_\_\_\_\_