



UNIVERSITY of NEW HAMPSHIRE

Office of International Students and Scholars

INTERNATIONAL EMPLOYEE REQUEST FOR AN EXTENSION OF H1-B WORK AUTHORIZATION

This form must be completed by the international employee and returned to the International Scholar and Student Advisor (phone: 862-0086; fax: 862-0844; oiss@unh.edu; www.unh.edu/oiss; OISS, Thompson Hall G15, 105 Main Street, Durham, NH 03824) All information must be received at least 90 days prior to the current expiration date of H-1B status in order to continue uninterrupted work authorization.

UNH Department You Work For _____

Name and Title of Person to Whom You Report _____

Supervisor Phone _____ Fax _____ Email _____

Name (family) _____ (first) _____ (middle) _____

I-94 Card Number _____ I-94 Card Expiration Date _____

Most Recent H-1B Visa Number _____ Expiration Date _____

U.S. Embassy or Consulate Where You Will Apply for Your New H-1B Visa: City _____ Country _____

Have there been any changes in your academic background since your original H-1B visa classification was obtained? (i.e., additional degrees conferred, etc.) If yes, please provide details and submit supporting documentation. _____

Please summarize your professional experience and attach two copies of your most recent C.V. _____

Since you first obtained your H-1B visa classification for employment at UNH, do any of the following apply? If the answer to any question is yes, please attach a separate sheet and provide details.

- Has an immigrant petition or an application for labor certification been filed on your behalf? ___
Have you submitted an application for an immigrant visa or U.S. permanent residency for yourself? ___
Have you been placed in exclusion or deportation hearings in the U.S.? ___
Has a visa petition filed by you, or on your behalf, ever been denied? ___

Will family members need to file for extensions of stay at this time? Yes___ No___
If yes, please provide the following information for each family member (attach separate sheet).

Full name of family member
Relationship to you
Date of Birth (month/day/year)
Place of Birth (city and country)
Country of Citizenship
Country of Legal Permanent Residency
Present Visa Classification
Visa Number
Visa Expiration Date
Passport Issuing Country
Passport Number
Passport Expiration Date
I-94 Card Number
I-94 Card Expiration Date

Submit copies of the following for **all** family members who will need extensions:

Identification page of passport
Copies of pages containing U.S. visas
Front and back of most recent I-94 cards

I certify that all information provided above is accurate.

Signature _____ **Date** _____