

Application for Waiver of The
Foreign Residence Requirement
of Section 212(e) of the Immigration and
Nationality Act, as amended

This application must be typewritten or printed legibly in ink with block letters.

Fee Stamp

1. Name (Last in CAPS)	First	Middle	If a married woman, give maiden name
2. Mailing Address	(Apt. No)	(Number and Street)	(Town or City) (State or Province) (Country) (ZIP Code, if in U.S.)
Present or last U.S. Residence	(Number and Street)	(City)	(State) (ZIP Code)
3. Date of Birth	Country of Birth	Country of Nationality	Country of Last Foreign Residence

Alien Registration Number, If Known

4. I believe I am subject to the foreign residence requirements because: (Check appropriate box(es))

- A. I participated in an exchange program which was financed by an agency of the U.S. Government or the government of the country of my nationality or last foreign residence for the purpose of promoting international educational and cultural exchange.
- B. An agency of the Government of the U.S., or the government of the country of my nationality or last foreign residence gave me a grant (such as a Fullbright grant), stipend or allowance for the purpose of participation in an exchange program. Name of U.S. Government agency of foreign country _____.
- C. I became an exchange visitor after the Secretary of State designated the country of my nationality or last foreign residence as clearly requiring the services of persons with my specialized knowledge or skill.
- D. I entered the United States as, or my status was changed to that of, an exchange visitor on or after January 10, 1977 to participate in graduate medical education or training.

5. I am applying for waiver of the foreign residence requirement on the ground that : (Check appropriate box(es))

- A. My departure from the United States would impose exceptional hardship upon my United States citizen or lawful permanent resident spouse or child.
- B. I cannot return to the country of my nationality or last foreign residence because I would be subject to persecution on account of race, religion, or political opinion.

IMPORTANT: If you have checked Box "A" you must attach to this application a statement dated and signed by you giving a *detailed explanation* of the basis for your belief that compliance by you with the two-year foreign residence requirement of Section 212(e) of the Immigration and Nationality Act, as amended, would impose exceptional hardship upon your spouse or child who is a citizen of the United States or a lawful permanent resident thereof. Without such statement your application is incomplete. You must include in the statement all pertinent information concerning the income and savings of yourself and your spouse. There should also be attached such documentary evidence as may be available to support the allegations of hardship.

If you have checked Box "B" you must attach a statement dated and signed by you setting forth in detail the reason(s) you believe that you cannot return to the country of your nationality or last foreign residence because you would be subject to persecution on account of race, religion, or political opinion. There should also be attached such documentary evidence as may be available to support the allegations of persecution.

6. If married, check appropriate box(es): (See Instructions No. 4)

- A. My spouse is included in this application.
- B. My spouse is filing a separate application for waiver.

RECEIVED	TRANS. IN	RET'D. TRANS.OUT	COMPLETED

7. List all program numbers and names of all program sponsors.

8. Major field of activity (Check one)

<input type="checkbox"/> (1) Agriculture	<input type="checkbox"/> (4) Engineering	<input type="checkbox"/> (7) Natural and Physical Sciences
<input type="checkbox"/> (2) Business Administration	<input type="checkbox"/> (5) Humanities	<input type="checkbox"/> (8) Social Sciences
<input type="checkbox"/> (3) Education	<input type="checkbox"/> (6) Medicine	<input type="checkbox"/> (9) Other

9. Occupation

10. Date and port of last arrival in the United States as participant in a designated exchange program.

11. If you are now abroad, give date of departure from U.S.		12. Number of prior marriages of applicant _____ If married, number of prior marriages of applicant's spouse _____	
13. Name of spouse	Date and Country of birth	Nationality	Country of last foreign residence
14. Names of children	Date and Country of birth	Nationality	Country of last foreign residence

15. If you checked Box "A" in block 5 above, furnish the following information concerning your spouse or one of your children who is a citizen of the United States and who you believe would suffer exceptional hardship if you resided outside the United States for two years following your departure from this country.

Name of United States citizen spouse or child: _____

United States citizen of spouse or child was acquired through (Check one)

Birth in the United States Naturalization Parent(s)

If United States citizenship of spouse or child was acquired through naturalization, give the following

Number of naturalization certificate	Date of naturalization	Place of naturalization
--------------------------------------	------------------------	-------------------------

If United States citizenship of spouse or child was acquired through parent(s), has spouse or child obtained a certificate of citizenship? _____

If so, give number of certificate _____ If not, submit evidence in accordance with instruction 6(a)(2).

16. If you checked Box "A" in block 5 above and you do not have a spouse or child who is a citizen of the United States, furnish the following information concerning your spouse or one of your children who is a lawful permanent resident of the United States and who you believe would suffer exceptional hardship if you resided outside the United States for two years following your departure from this country.

Name of lawful resident alien spouse or child: _____ Alien Registration Number _____

Date, place, and means of admission for lawful permanent residence: _____

I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on _____ (Date) _____ (Place) _____ (Signature of applicant)

Signature of person preparing form, if other than applicant: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge:

_____ (Signature)

_____ (Address of person preparing form, if other than applicant) _____ (Date) _____ (Occupation)