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# H1B Data Collection Form

Name as it Appears in your Passport:

Family/Last Name Given/First Name(s) Middle Name

Date of Birth (MM/DD/YYYY): Sex (M/F):

Country of Citizenship: Country of Permanent Residence:

Foreign Address:

Street Address City, State/Province Postal Code Country

Foreign Phone Number: Email Address:

University of Maryland Faculty Host/Supervisor Name:

Foreign Employer or Affiliated Institution Name:

Foreign Employer or Affiliated Institution Address:

I am conducting research in/teaching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

# For Department/Faculty Supervisor Use Only

Field of Study:

Browse fields of study [here.](https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55)

Site(s) of Activity:

Purpose of research:

KFS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_