

Application for Waiver of the Foreign Residence Requirement (Under Section 212(e) of the INA, as Amended)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-612

OMB No. 1615-0030 Expires 03/31/2017

For USCIS Use Only				
Action Block	Fee Sta	amp	Received	Transferred In
			Completed	Returned/ Transferred Out
 START HERE - Type or print in black in 	Remarks	FT		
Part 1. Information About You		ur Mailing Addres	5	
 Alien Registration Number (A-Number) (if ► A- USCIS Online Account Number (if any) ► 	any) 7.a. 7.b. 7.c.	Street Number and Name Apt. Ste.	Elr.	
3. Social Security Number (if any) ►		State 7.e. Province	ZIP Code	
Your Full Name	7.g.	Postal Code		
4.a. Family Name (Last Name)	7.h.	Country		
4.b. Given Name (First Name)				
4.c. Middle Name Other Names Used (if any)	Unit	ou are currently living a ed States. Street Number and Name	abroad, enter your	last address in the
Provide all other names you have ever used, inclu	ding aliases. 8.b.	Apt. Ste.	Flr.	
 maiden name, and nicknames. If you need extra complete this section, use the space provided in I Additional Information. 5.a. Family Name (Last Name) 	space to sart 8. 8.c.	City or Town State 8.e.	ZIP Code	
5.b. Given Name (First Name)		her Information		
5.c. Middle Name	9.	Marital Status	arried 🗌 Marri	ed 🗌 Divorced
6.a. Family Name (Last Name)			Separated N	Iarriage Annulled
6.b. Given Name (First Name)	10		1 /) [
6.c. Middle Name	10. 11.	Date of Birth (mm/do City/Town/Village o	L	

Part 1. Information About You (continued)

- **12.** Country of Birth
- **13.** Country of Citizenship or Nationality
- 14. Country of Last Foreign Residence

Part 2. Reason for Foreign Residence Requirement

I believe I am subject to the foreign residence requirement because (Select **all** applicable boxes):

- 1. I participated in an exchange program that was financed by an agency of the U.S. Government or the government of my country of citizenship or nationality or last foreign residence, for the purpose of promoting international education and cultural exchange.
- **2.a.** An agency of the U.S. Government or the government of my country of citizenship or nationality or last foreign residence gave me a grant (such as a Fulbright grant), stipend, or allowance for the purpose of participating in an exchange program.
- **2.b.** Provide the name of the U.S. Government agency or country of citizenship or nationality or last foreign residence.
- 3. I became an exchange visitor after the U.S. Secretary of State designated my country of citizenship or nationality or last foreign residence as clearly requiring the services of persons with my specialized knowledge or skill.
- 4. I entered the United States as, or my status was changed to, an exchange visitor on or after January 10, 1977, to participate in graduate medical education or training.

Part 3. Reason for Application for Waiver of Foreign Residence Requirement

I am applying for a waiver of the foreign residence requirement because (Select **only one** box):

☐ I cannot return to my country of citizenship or nationality or last foreign residence because I would be subjected to persecution on account of race, religion, or political opinion.

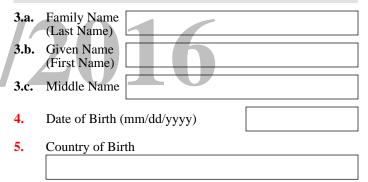
2.

IMPORTANT ADVISORY: If you selected **Part 3.**, **Item Number 1.**, you must attach a statement providing a detailed explanation why you believe that your compliance with the two-year foreign residence requirement of INA section 212(e) would impose exceptional hardship on your U.S. citizen or lawful permanent resident spouse or children. You must sign and date the statement. If you do not include this statement, your application is incomplete. In your statement, you must also include all pertinent financial information regarding your and your spouse's income and savings. You must attach any available evidence that supports your claims of hardship.

If you selected **Part 3.**, **Item Number 2.**, you must attach a statement that details the reasons why you believe you cannot return to your country of citizenship or nationality or last foreign residence because you would be subject to persecution on account of race, religion, or political opinion. You must also sign and date the statement and attach any available evidence that supports your claims of persecution. (See the What Evidence Must You Submit section of the Instructions for additional information.)

List all J-2 dependents that are included in this application. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Information About Spouse



- 6. Country of Citizenship or Nationality
- 7. Country of Last Foreign Residence

Part 3. Reason for Application for Waiver of Foreign Residence Requirement (continued)	22. Country of Last Foreign Residence
Information About Children	Part 4. Additional Information About You
If you need extra space to complete this section, use the space provided in Part 8. Additional Information .	If you need extra space to complete this section, use the space provided in Part 8. Additional Information .
 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 	1. Provide all exchange program numbers and names or all exchange program sponsors.
8.c. Middle Name	
9. Date of Birth (mm/dd/yyyy)	
10. Country of Birth	Major field of activity (Select only one box):
11. Country of Citizenship or Nationality	2.a. Agriculture 2.b. Business Administration 2.c. Education
12. Country of Last Foreign Residence	2.d. Engineering 2.e. Humanities
13.a. Family Name	2.f. Medicine
(Last Name) 13.b. Given Name (First Name) 13.c. Middle Name	 2.g. Natural and Physical Sciences 2.h. Social Sciences 2.i. Other
14. Date of Birth (mm/dd/yyyy)	3. Occupation
 15. Country of Birth 16. Country of Citizenship or Nationality 	 4. Date of last entry into the United States as a J-1 participant in a designated exchange program (mm/dd/yyyy)
17. Country of Last Foreign Residence	5. Port-of-Entry (POE) of last arrival in the United States as a participant in a designated exchange program
	City or Town
18.a. Family Name (Last Name)	State
18.b. Given Name (First Name)	6. If you are now abroad, provide the date of your most recent departure from the United States (mm/dd/yyyy)
18.c. Middle Name	
19. Date of Birth (mm/dd/yyyy)	
20. Country of Birth	
21. Country of Citizenship or Nationality	

Part 4.	Additional	Information	About	You
(continu	ied)			

If you are married, select **only one** box:

- **7.a.** My spouse is included in this application.
- **7.b.** My spouse is filing a separate application for a waiver of the foreign residence requirement.
- 7.c. My spouse is **not** included in this application.

If you selected **Part 3.**, **Item Number 1.**, provide the following information about your U.S. citizen spouse or children who you believe would suffer exceptional hardship if you resided outside of the United States for two years following the completion of your U.S. training and departure from the United States.

Name of the U.S. citizen spouse or child

8.a.	Family Name		
	(Last Name)		
8.b.	Given Name (First Name)		
8.c.	Middle Name		
U.S. aitizanship of apouse or shild was acquired through			

U.S. citizenship of spouse or child was acquired through (Select **only one** box):

- **9.a.** Birth in the United States
- **9.b.** Naturalization
- 9.c. Parents

If your spouse or child acquired U.S. citizenship through naturalization, provide the following information for each naturalized individual.

- **10.** Number of Naturalization Certificate
- **11.** Date of Naturalization (mm/dd/yyyy)
- 12. Place of Naturalization

City or Town

State

If your spouse or child acquired U.S. citizenship through parents, provide the following information for your spouse and each child who obtained citizenship through parents.

Has your spouse or child obtained a Certificate of Citizenship?Yes No

If you answered "Yes" to **Item Number 13.**, provide the information for **Item Numbers 14. - 17.**

- **14.** Spouse Certificate of Citizenship Number
- **15.** Date of Issuance (mm/dd/yyyy)
- 16. Child Certificate of Citizenship Number
- **17.** Date of Issuance (mm/dd/yyyy)

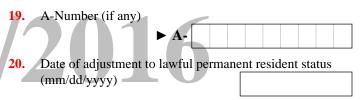
If you answered "No" to **Item Number 13.**, submit evidence in accordance with the **What Evidence Must You Submit** section of the Instructions.

If you selected **Part 3.**, **Item Number 1.**, provide the following information about your U.S. citizen spouse or children who you believe would suffer exceptional hardship if you resided outside of the United States for two years following the completion of your U.S. training and departure from the United States.

Name of the lawful permanent resident spouse or child

18.a. Family Name	
(Last Name)	
18.b. Given Name (First Name)	
· · · · ·	
18.c. Middle Name	00

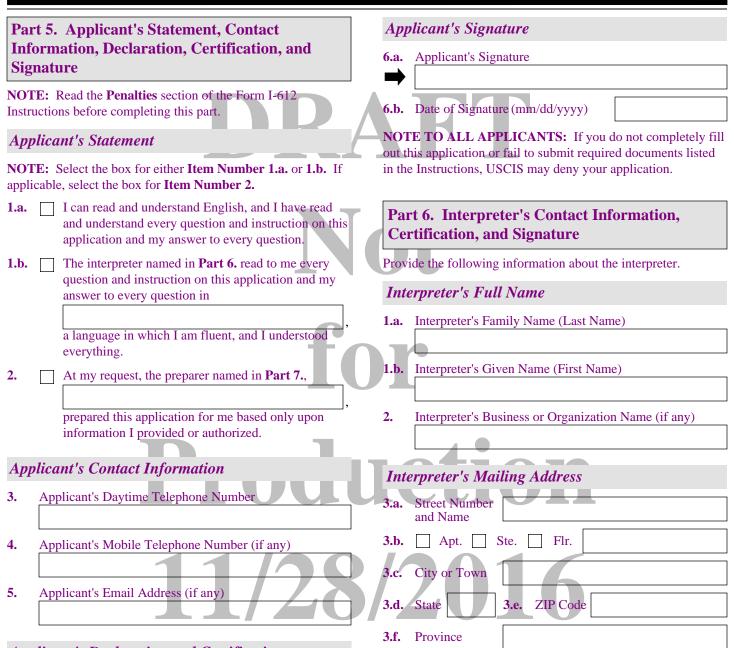
Other Information About Lawful Permanent **Resident** Spouse or Child



21. Location where your spouse or children became lawful permanent residents

City or Town

- State
- Basis (preference category) for adjusting to lawful permanent resident status (for example, F-2A, Spouse or unmarried child of an LPR; F-2B, Unmarried sons or daughters of an LPR)



Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Service (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

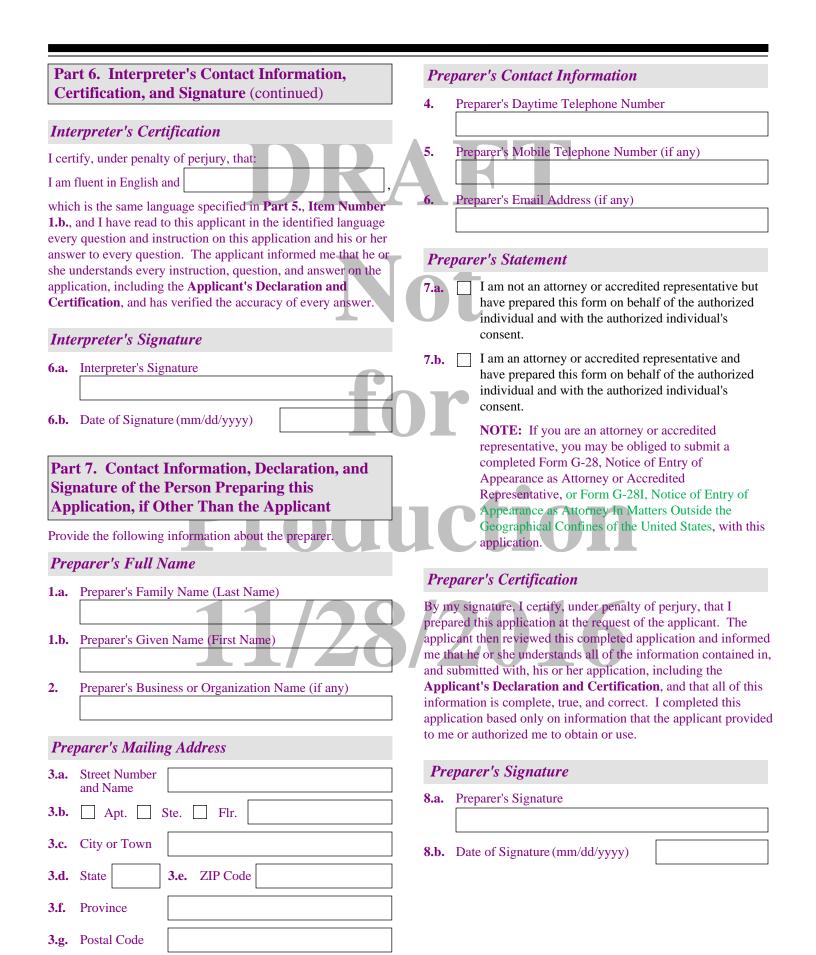
Interpreter's Contact Information

Postal Code

3.h. Country

3.g.

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)



Country

3.h.

Part 8. Additional Information	5.a.	Page Number 5.b. Part Number 5.c. Item Number
If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.	5.d.	FT
1.a Family Name (Last Name)		
1.b. Given Name (First Name)		4
1.c. Middle Name	U	
2. A-Number (if any) ► A-]	
3.a. Page Number 3.b. Part Number 3.c. Item Number	6.a.	Page Number 6.b. Part Number 6.c. Item Number
3.d.	6.d.	
Page Number 4.b. Part Number 4.c. Item Number 4.d. 4.d	7.a. 7.d.	Page Number 7.b. Part Number 7.c. Item Number
	· · ·	